

DOCTORAL THESIS

The role of anomalous phenomena in the therapeutic process: an exploration of counselling psychologists' experience

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**The role of anomalous phenomena in the
therapeutic process: an exploration of counselling
psychologists' experience**

by

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*A thesis submitted in partial fulfilment of the requirements for
the degree of PsychD in Counselling Psychology*

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Abstract

The main focus of this research was to explore how counselling psychologists experience what that they cannot understand in the therapeutic process. The study focuses on how counselling psychologists make sense of and manage these experiences, as well as the role such experiences play in therapy. Although the existence of such occurrences are acknowledged in the foundations of many therapeutic approaches (Bion, 1970; Bugental, 1990; Freud 1915; Jung, 1923; Maslow, 1971; Ogden, 1999; Perls, 1973; Rogers, 1961; Stern, 2004) , there seems to be a lack of research in relation to how these phenomena are experienced and what role they play in the therapeutic process. Eight counselling psychologists with ten years of experience in clinical practice were recruited and interviewed using semi-structured interviews. Different aspects of these experiences were explored through applying the qualitative method known as Interpretative Phenomenological Analysis (Smith, 2004).

The findings suggest that the way counselling psychologists experience phenomena that cannot be understood strongly relates to anxiety, fear and uncertainty, drawing attention to deep feelings of vulnerability and insecurity. The results demonstrate the ambivalent meanings of such experiences in the therapeutic process, and their significance in the process of therapy. The thesis also comprises the way in which counselling psychologists spoke about these phenomena and how these occurrences were managed by counselling psychologists. Some conclusions were made about what kind of knowledge counselling psychologists relied on while making sense of such phenomena. The recommendations made as a result of the research show validity as they closely relate to the way counselling psychologists explore their own identity as professionals. Also, the research highlighted the essentiality of exploring the role of theoretical knowledge and reflexivity for counselling psychologists. The research also explores unanticipated findings such as the existence of those experiences that need to remain undefinable and the ability of counselling psychologists to let go of the need to make sense of phenomena. The study also addresses the limitations and implications of the research, and suggestions for further research are indicated.

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Chapter 1 Introduction

This thesis addresses the issue of how counselling psychologists experience what they cannot initially understand in therapeutic process. This section of the thesis will demonstrate how the main research question was formulated in the present work. Moreover, the researcher introduces the reader to areas of particular interest and the philosophical standpoint undertaken in the study. Additionally, this section will highlight several questions that arose, following a description of how some of these questions were incorporated into the main research question. It starts by familiarising the reader with several ideas that became central to the work, and each of them are carefully explored in order to understand what inspired this research, and the researcher's relationship to the main research question.

The first idea springs from the researcher's first Psychology degree, completed in Russia, where the cultural-historical theory of Vygotsky (1966) is very well developed and underpins much modern psychology in the country. A strong link between language and cognitive processes is widely accepted. These ideas also replicate the concept of "Language determinism" (Sapir, 1949; Whorf, 1956; Kay and Kempton, 1984), which describes language as shaping the world we live in: a human beings not only apply language to interact with and describe the world around them, rather, humans are seen as subjected to language and existing in the world according to the linguistic symbols she or he has integrated. "The world and its elements are not only encoded by our language, but that the structure of our language forms our world view" (Shapiro, 1979, p. 51). This idea offers a definitive approach to the relationship between language and knowledge: suggesting we know only what we can name, vocalise and verbalise, or to be more precise, we only know what has been named for us and transmitted through cultural socialisation processes. So, it is questioned here how this way of looking at the role of language might manifest itself in the therapeutic process. What is happening when two worlds meet and their linguistic systems overlap? Moreover, for the researcher it was a question of:

what if something happens in the therapeutic process that exists beyond the linguistic systems of a therapist and a client? What is ‘something’, how might it be experienced and if there is ‘something’ how it is best understood and managed?

As a trainee counselling psychologist, it seemed relevant to the researcher that space might be of primary importance within the therapeutic process, as the questions presented above might manifest themselves given the type of communication (verbal and non-verbal) existing between a therapist and a client. Consequently, a new question arose as to whether the experience in the therapeutic process might go beyond that of linguistic symbols, or perhaps exist beyond the existing linguistic system. This dilemma is formulated in the question: are there any experiences that exist prior to verbalisation, or are there experiences in the therapeutic process that already have linguistic symbols making it the role of the therapeutic process to find the linguistic symbol which names the particular experience? Furthermore, does language help us to name the experience or is language an obstacle which decreases the variety of experience?

These questions are addressed in the philosophy of Emmanuel Levinas (1998), who proposed that we experience what he names “proximity” and “caress”, which are not represented in consciousness and therefore cannot be articulated. He locates these experiences a priori the moment of verbalisation. Moreover, Levinas (1998) is clear that the existence of unarticulated experiences does not reduce the possibility of fully experiencing them. Language provides us with categories, or systems within which we can explain experiences, yet they do not cover all possible occurrences. ‘In starting with touching, interpreted not as palpitation but as caress, and language, interpreted not as the traffic of information but as contact, we have tried to describe proximity as irreducible to consciousness or thematisation’ (Levinas, 1998, p. 80).

A second line of inquiry aims at understanding the relationship between experience and theory. From the researcher's experience of being a trainee counselling psychologist, she found herself in the first year of training writing a reflective essay about applying empathy to clinical practice. Reflection on this process evoked the question: "Do I really understand what empathy is? How do I experience it and what came first, my experience or the theoretical notion that I perhaps all too quickly assimilated? The educational process of becoming a professional counselling psychologist or psychotherapist is based on careful exploration of existing theories that attempt to give an explanation of a human being's psychological processes and the therapeutic process. The importance of theoretical knowledge as a foundation for the therapeutic process is fundamental. Nevertheless, the therapist's personal experience in the therapeutic process is just as essential (Bion, 1962; Binswaegeer 1962; Caseman, 1985; Laing, 1967, 1969). An important question that arises from this is: what informs therapeutic practice for a therapist or counselling psychologist in the moment of being with a client? Interestingly, the "what" might be seen as knowledge, including theories and techniques of therapy. Alternatively, it could relate to the experience that a therapist acquires over time, or perhaps the experience which takes place "here and now" in the process of therapy.

It is important to underline that theoretical knowledge in the psychotherapeutic field is a meaningful part of the educational process of becoming a therapist or a counselling psychologist. The researcher believes that existing theories or concepts are the product of lifelong exploration, self-reflection and observation by a particular person or group of people. Theories and concepts conceptualise and name experiences that occur in the therapeutic process and in a human being's psychological processes. What allows practitioners to take a central and noteworthy place in the field of psychology and psychotherapy is their ability to make sense of their own internal world and the ongoing processes in the psychotherapeutic space. This also includes their talent in applying and

sometimes playing with language. This view resonates with the ideas of Laing, who suggests that “theory is articulated version of experience” (Laing, 1967, p. 20)

Another concept that appeared in the twentieth century that originated outside the psychological sciences yet significantly affected several philosophical and psychological perspectives is the idea of Tacit Knowledge, proposed by Michel Polanyi (1967, 1969). As he postulates in ‘The Tacit Dimension’, we should begin from the fact that ‘we can know more than we can tell’ (1967, p. 4). This statement offers the belief that there is more in the field of knowledge than humans are capable of naming. We cannot express all existing knowledge through language. However, a human being is capable of knowing beyond his or her ability to conceptualise and verbalise. Tacit knowledge may be presented as a variety of intangible and abstract forms of information and representations, which appear in order to make sense of something (Hodgkin, 1991). Collins (1974) suggests that all knowledge comprises “tacit rules which may be impossible to formulate” (p. 167). Tacit knowledge seems to be knowledge that is not easily shared. This aspect of knowledge cannot be codified or named, and can only be transmitted via education, or developed through personal experience. The transition from tacit knowledge to explicit knowledge is called articulation (Jordan, 2006). This brings to the surface the connection between knowledge that can be gained through experience and transmitted through articulation, which is the process of applying language.

Furthermore, Polanyi (1969) makes a point of underlining the significance of dialogue as a space where tacit knowledge or knowing might become “visible”. In speaking of the tacit dimension of knowing, Polanyi (1969) suggests that people are usually unaware of the type of knowledge they possess or apply. The successful conversion of tacit knowledge to its application generally involves personal contact and trust. The concept of dialogical communication as a noteworthy setting in which to make sense of an experience brings us back to the therapeutic process, where interaction and dialogue are profound and essential elements of the healing process. Often, tacit knowledge is used as

an explanation of the way of knowing by attempting to focus on the “know-how”, rather than “know-what” or “know-why”. In the therapeutic process, this may be seen as a replication of the therapeutic dynamic where knowing “how” is more important for the process.

The two previous ideas question how experience and theories overlap, and how language might appear to be a helpful tool to name some experiences and at the same time dismiss experiences that have no names. The third line of inquiry relates to the philosophical idea of Husserl (1913/2000): “Back to the things themselves” (p. 252) which highlights the importance of experience without any metaphysical or theoretical speculation. This concept seems to be relevant in relation to the therapeutic process. It might be proposed that both the trainee counselling psychologist and the very experienced therapist face every session as a unique, subjective and unreliable world of another human being. In this context, this Husserlian idea provides a way of perceiving and acknowledging the vital meaning of the therapeutic process, where every detail is exceptional and exclusive. For the present study this viewpoint became particularly important, especially in relation to the question of what comes first: experience or theoretical knowledge? This question inspired the researcher to focus on the experience of something regardless of linguistic labels, attempting to get “back to things themselves”.

These three different yet interrelated ideas lead us to the understanding of how any theoretical notion comes with theoretical “baggage”. Existing theoretical concepts have their own paths of development over the years, and might evoke particular associations in the practitioner. This could explain why it was important for the researcher to refrain from allying herself with any existing concept, and to focus on experience instead. However, in order to formulate the research question and outline the objective of the study, a working name and definition for the present project had to be defined. As a result, the term “anomalous phenomenon” (AP) was created and defined in order to avoid importing the associations of any existing and familiar concept.

Before the definition of anomalous phenomenon is given, it is important to underline a few issues that might arise when trying to define the indefinable. Firstly, the term ‘anomalous phenomena’ comprises a wide range of different experiences in the therapeutic process, therefore using any one term to account for a variety of experiences has the danger of narrowing or limiting understanding of the possible experiences that could emerge in the therapeutic process. Secondly, as soon as they are defined, anomalous phenomena automatically stop being anomalous and become more concrete, making them easier to research, but also more difficult to explore from a subjective perspective. Therefore, a working definition of ‘anomalous phenomenon’ that is given for the purpose of the research is as follows: *An anomalous phenomenon is an experience that emerges in the therapeutic process that cannot be initially understood by the therapist. The therapist could experience this phenomenon through personal sensations, his or her body, and emotions. This experience might be the therapist’s reaction to what a client brings, or an emotion which is felt in the therapeutic room, that affects the therapeutic process. These anomalous experiences also could be generated within the therapist in the therapeutic process or between the members of the therapeutic dyad as they relate to each other.*

Other terms used to describe anomalous phenomena could be: an ‘intuitive moment’ or ‘unconscious communication’ (Freud, 1915), ‘tacit knowledge’ (Polanyi, 1969), a ‘peak experience’ (Maslow, 1971), ‘implicit moment of relational knowing’ (Lyons-Ruth, 1998) or a ‘sudden sense of the Unknown’ (Cayne, 2005). During the therapeutic process it might be hard for the therapist to describe these anomalous experiences. However, with reflection it could be possible to make sense of them. In this study, the researcher attempts to investigate how counselling psychologists experience these anomalous phenomena. Although due to their abstract nature it is difficult to name and to clarify these experiences, the purpose of this study is not to name them, but to explore how counselling psychologists experience what they initially find difficult to understand.

Before moving on to the next chapter, the researcher believes that clarification of the definition of anomalous phenomenon is necessary. The definition may cause confusion, as the object of the research has been defined as a ‘phenomenon’, yet ‘phenomenon’ has also been described as an experience. The researcher took the phenomenological position where any phenomenon cannot be investigated separately from the experience of the phenomenon. This means that the anomalous phenomena can be explored just as “a phenomenon as perceived” (Smith, Harre & Van Langenhove, 1995). Any phenomenon is seen here as therefore being related to the way human beings perceive, experience and make sense of it. Therefore in this study, an anomalous phenomenon (or what I shall abbreviate as ‘AP’) is viewed as an experience which can be explored by carefully focusing on what it is like to experience something that cannot be understood in the therapeutic process.

Taking into account everything that has been said above, it seems essential to review the existing literature around experiences such as AP, which the following chapter will focus on. The chapter will begin with looking at similar experiences from a psychoanalytic perspective, as the first developed approach to therapy. The section will continue by presenting how these sorts of occurrences were conceptualised and described in the humanistic-existential therapeutic literature. Following this, the chapter explores existing concepts similar to experiences of AP that are described within a cognitive behavioural and transpersonal approach. Additionally, the next chapter will explore the field of counselling psychology (the discipline from which the participants were selected), in order to understand the body of knowledge that this field presents.

Chapter 2 Literature review

2.1 Overview

This chapter will attempt to look at the central notions contained in the title of the research project: the phenomenon itself and counselling psychologists, as a particular social community, which was chosen by the researcher to explore the experience of AP. The purpose of the present chapter is to evaluate critically the existing notions within the psychotherapeutic field as well as propose different questions that arise according to the research subject and aims. Additionally, the field of counselling psychology will be critically assessed, with the intention of understanding and, more importantly, positioning the field in relation to science and clinical practice. At the end of the chapter the researcher will formulate the main research question, the goals of the research and the object of the research.

2.2 Anomalous phenomena

2.2.1 Psychoanalytic perspective

Since an AP is an experience that is difficult to understand or to make sense of in the therapeutic process, the exploration of what was difficult to understand within psychoanalysis seems to be an appropriate place to start. Perhaps the most widely used theoretical approach, psychoanalysis explains dynamic processes, interpersonal processes and therapeutic communication between a psychoanalyst and a patient gives particular emphasis to what is happening during the therapeutic process. Lear (2005) wrote when explaining how the theory of the unconscious occurred, Freud “looked carefully on the strange phenomena in everyday life and he thought hard about how to make sense of them” (p. 23). This means that the theory of psychoanalysis appeared to explain what was difficult to make sense of and to understand. Lear continues by offering the

explanation of the concept of transference. He argues that the notion of transference covers and makes sense of “abnormalities” (p.117) in doctor-patient relationships, by which he means that all the feelings, emotional engagements and attitudes towards doctors by patients trigger an anxiety which might be minimised by conceptualising and naming it. Within the discussion about the unknown in the psychotherapy, Cayne and Loewenthal (2007) emphasised that Freud recognised the existence of the unknown. Furthermore the understanding of the unknown is possible through the process of bringing the unconscious to consciousness.

On the other hand, in spite of the existence of this theoretical framework, there are still anomalous experiences within the therapeutic process, and the way these occurrences are portrayed might be worth considering. Freud once mentioned to Ferenczi: “one should not make theories—they must fall into one's house as uninvited guests while one is occupied with the investigation of detail” (Falzeder & Brabant, 1996, p. 74). This idea was further developed by Lacan (1977), who proposed that “what the analyst must know is how to ignore what he knows” (p. 223). In these famous expressions the theoretical conceptualisation seems to be less important than the experience itself.

Within the present discussion we must also consider the concept of “negative capability” first put forward by Bion (1970). Negative capability is the skill of a therapist (or another) to tolerate the uncertainty and frustration towards the unavailability of meanings that may only come later. “That is when man is able to be in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason” (1970). Moreover, Bion (1965) developed the concept of “O”, the domain that exists outside of sensing, imagining and knowing. Similar to Bion, who was inspired by a mother’s ability to contain a child, Winnicott (1971) postulates the new idea of transitional space between mother and child, with a psychoanalytic implication for the patient-client relationship. The transitional space between a therapist and a client is something that is

conceptualised as an ‘immediate area of experience’: the third space where two different realities are able to meet, connect and where creativity and freedom have a chance to appear.

This idea of the third space (Winnicott, 1971) resonates with the quite modern concept of intersubjectivity (Storolow and Atwood, 1992) within the modern psychoanalytic field. Becker-Weidman (2007) suggests that intersubjectivity is the core of effective therapy. “Intersubjectivity represents a comprehensive emotional, intentional/motivational, attentional, reflective, and behavioural experience of the other. It emerges from shared emotion (attunement), joint attention and awareness. In the therapeutic context, intersubjectivity is something that emerges between a therapist and a client” (p.29). Lyona-Ruth (1999) proposed that something more resides in the interactional intersubjective process. In the analytic relationship it comprises intersubjective moments occurring between the patient and the analyst that can create new organisations.

The idea of AP is covered by diverse experiences, including those that exist in the overlapping space between different fields. For instance the idea of mindfulness has a strong presence in the therapy (Baer, 2003; Germer, 2005), as well as commonalities with a psychoanalytic field. For example, Jung’s (1956) suggestion of some “higher” states of the unconscious might take place here. The exploration of what it is behind human consciousness seems to be illuminated in both the psychoanalytic approach and the practise of Buddhism (Epstein, 1996). Safran (2003a) pointed out that “the evenly hovering attitude advocated by Freud looks a good deal like the meditative state described by Buddhists” (p. 121). Mindfulness practice associates with the complete awareness of the present moment, which significantly presents in the therapeutic process. Surrey (2005) states that “relational psychotherapy may be understood as a process whereby both therapist and patient are working with the intention to deepen awareness of the present relational experience, with acceptance” (p. 91-2). An important issue arises within Stern’s - “The Present Moment” (2004), where he claims that psychoanalysis does not pay enough attention to the

experience that “gets interrupted by associative work that leads away from the original present moment” (p. 138). Clearly, Stern proposed to focus on the role of experience during the therapeutic process that sometimes might be missed by the aim to achieve understanding and explanation. Furthermore, he offers an alternative route to highlight the present moment, “as the lived material from which verbalisations, interpretations, representations, generalizations, and metapsychology are all derived abstractions” (p. 135), and further, “with an emphasis on implicit experience rather than explicit content, therapeutic aims shift more to the deepening and enriching of experience and less to the understanding of its meaning” (p. 222).

By ending the section of the psychoanalytic perspective on AP it is crucial to emphasise that the main and the most significant concept within the psychoanalytic/ psychodynamic field is the unconscious as a part of the human psyche, and the ability of a human being to communicate unconsciously. The notion of “unknown” within psychoanalysis might be explored through an understanding of the unconscious itself. The distinction between “the known of the unknown” and “the unknown of the unknown” seems difficult to verbalise. Sometimes there are cases when we know that we know. In other cases we know that we do not know. However sometimes the reverse is true, which means that there are cases when we do not know that we do not know – unknown unknowns. The “unknown known” has been named and placed in theory, and is seen as a part of the “unconscious”, that used to be the unknown that we now know about. However, a question that arises is how to name, explore and get access to unknown unknowns.

2.2.2 Humanistic - existential perspective

With the significant emphasis on the relationship between a client and a therapist the humanistic-existential therapeutic approach occurred in the middle of 1960s in the United States. The idea of the experience within the relationship, which seems to be more effective in the therapy

than theoretical knowledge, was presented and widely disseminated in the works of Biswanger (1962), Bugental (1978), Laing (1967), Maslow (1962), May (1953) and Rogers (1961). The key founder of the humanistic-existential perspective, and as a result, a new attitude towards therapeutic process, was C. Rogers (1961). He proposed the three core conditions of therapy which might aid a client to achieve significant change and come closer to the “true self”. Empathy, unconditional positive regard and congruence are the necessary factors for establishing a facilitating relationship between a therapist and a client. Moreover Rogers underlines the role of the unknown in relationships and particularly within the therapist. Around the end of his professional career he wrote:

“I find that when I am closer to my inner, intuitive self, when I am somehow in touch with the unknown in me, when I am perhaps in a slightly altered state of consciousness in the relationship, then whatever I do, seems to be full of healing. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in a strange and impulsive ways in the relationships, ways I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviours turn out to be right, in some odd way” (p. 137).

Cayne and Loewenthal (2007), by expanding upon this experience, illuminate the role of the unknown within the relationship, where the significance of therapeutic relationships without “some unknown forms of experiencing” (p.381) is no longer valuable, and the theoretical framework is not satisfactory enough for a therapist to be fully engaged with the therapeutic process.

The importance of the humanistic–existential perspective on therapy is presented through its strong emphasis on experience in the therapeutic process. Before even Rogers (1961) proposed the

person-centred therapeutic approach, in Europe Buber (1922), Boss (1979) and Binswanger (1963) were focusing on the experience of the relationship. The role of their work and the influence of their ideas on this research project will be addressed in more detail later in this chapter. However, it seems to be vital to underline some definitions that have become significant within the therapeutic field and might relate to or be part of AP. The concept of Buber's (1922) *Presence* contains the I/Thou relationship and describes the ability to allow meaning to be present in the situation and underline the individual's responsibility to be in the here-and-now (Corey, 2005).

Subsequently, Bugental (1987) postulated that '*Presence*' is absolutely essential for psychotherapy. Furthermore, for him, '*Presence*' is a therapist's ability to be fully present in the room with a client which provides the therapist with a possibility to concentrate on clients' immediate experience. Moreover, for Bugental, *genuine presence* consists of two different aspects: "accessibility" and "expressivity", which are strongly interrelated. The former relates to the ability to access the subjective experience and be influenced by it. The second aspect refers to the readiness of a therapist and of a client to express what is found in subjective experience. It is some form of openness that provides the opportunity to be affected and influenced. A focus on the present moment and an ability to be fully engaged with what is going on in the room between a therapist and a client provokes the question: to what extent, if any, is a therapist able to experience the AP within the relationship. Bugental (1999) wrote that the focus on '*Presence*' allows a therapist to identify "what is implicitly present but unregarded" (p.23).

Nowadays the concept of '*Presence*' has found credence in the works of many writers, who explain and define it somewhat differently. For example Mearns (1994) experiences '*Presence*' as "I could feel his body with my own" (p. 6), which directs us to the embodiment within the process. In addition, Schmid (2002) described '*Presence*' as "joint experience with the client" (p.65).

Clearly, ‘Presence’ seems to be something that might be described or be some form of AP in the psychotherapeutic process.

2.2.3. Other therapeutic perspectives

As there has been some discussion on psychoanalysis and humanism/existentialism, it would not be appropriate to ignore the Behaviouristic approach towards therapy, which nowadays plays a significant role, combining with the Cognitive approach toward “healing”. The influence of Cognitive Behaviour Therapy (CBT) has grown exponentially, as a result of the actual empirical results that contestably show the effectiveness of the treatment. The theory that underpins CBT tends to be very precise and clear, therefore it is quite difficult to identify experiences like anomalous phenomena within this therapeutic approach. However, a strong emphasis on the therapeutic relationship (Safran & Segal, 1996; Safran & Muran, 2000; Gilbert & Leahy, 2007) evokes an interest in looking at what the therapeutic relationship might mean and what kind of processes it comprises within CBT. According to Hardy (2007), the therapeutic relationship within CBT comprises not only what Bordin (1979) defines as agreement on tasks, goals and the development of bonds, but also what both participants of the therapeutic encounter bring to the relationship through their experiences of earlier relationships (Hardy et al., 2007). Gilbert and Leahy (2007) state that over time an individual learns through his or her interactions with an important attachment figure a way of relating to others, which later leads to the development of schematic representations of self and other interactions, which within the context of CBT refers to “interpersonal” or “relational schemas” (Safran & Segal, 1996; Safran, 1998; Safran & Muran, 2000). This might suggest that therapy becomes a space when two “relational schemas” meet and an interpersonal exchange is happening. In relation to this study, it might be proposed that occurrences like AP appear in this moment and have an impact on the therapeutic process.

Additionally, recently CBT has embraced ideas of mindfulness in its theory and practice (Segal et al., 2002). This integration provides the possibility for CBT therapists to go beyond tasks and goals in the therapeutic process. According to Crane (2007), Mindfulness-Based Cognitive Therapy allows practitioners to focus on the present moment and an awareness of the body. It applies a more experiential approach to the therapy, which means focusing on what happens in the room and how it feels for both a therapist and a client. The increasing interest in the area of developing mindfulness within therapy is not new to the field. The previously described humanistic approach took the path of developing the idea of the human potential for peak growth and peak experiences, which started with Maslow's work (humanistic therapy), Perls' ideas (1973) (Gestalt therapy) and branched out into transpersonal psychology and therapy with the works of Grof (1985) and Wilber (2006).

Maslow in his early work proposed the hierarchy of individuals' needs, where the highest achievement was self-actualisation. However, later on he clearly expressed that self-actualisation contains certain occurrences such as "peak experiences" (Maslow, 1971), which are hard to verbalise. The contemporary scientific language was not armed with the essential linguistic symbols to portray and represent the possible experience of self. Davis, Lockwood and Wright (1991), by researching "peak experiences", acknowledged that even when people are able to experience this state of consciousness, they prefer not to share these experiences in order not to devalue them. The participants in the research also found the articulating process to be extremely difficult for them.

Additionally, the concept of "peak experiences" can be found within the literature and clinical practice of Gestalt therapy. It is proposed that these occurrences can also be termed transpersonal, mystical or spiritual experiences. For instance, Walsh and Vaughan (1993) define them as "beyond the individual or personal" (p. 3). The spiritual aspect seems to be open to further discussion. However, to be clear and precise, the author will concentrate on spirituality from Croker's (1999) perspective. She postulated three types of spirituality, which might be related to

psychotherapeutic processes: human spirituality, spiritual reality and spiritual experiences. She describes spiritual reality as something like a “significant mystery”, which is almost entirely unpredictable or unfathomable. Spiritual experiences appear in the moment of contact with such a reality and human spirituality as “the ability to be present with and receptive to a significant mystery” (Crocker, 1999, p. 335). This clear definition of spirituality seems to overlap with the wide and amorphous definition of anomalous phenomena. Nevertheless, the possible occurrence of the concept of spirituality, despite the way counselling psychologists name and speak about it, might be part of or exist under the umbrella of AP.

Many researchers have shown that clients have faced experiences like these as a result of Gestalt therapy (Kolodony, 2004). The understanding of spirituality within the discussed fields of therapy might make more sense for someone when the focus of the discussion is on the human being’s development as well as on the goal of therapy. However, the present research is focused on the counselling psychologists’ experiences during the therapeutic process, where communication and interaction are clearly manifest.

Hycner (1993) proposes that the therapist is able to know what is beyond the personal when the therapist goes through the personal. Parallels can be drawn with the definition of the transpersonal relationship between a therapist and a client proposed by Clarkson (1997). Clarkson defined the transpersonal relationship as the contact between two people that enables a third, ethereal figure to become involved between them. Wheeler (2002) suggests that while individual experience is subjective, it always occurs intersubjectively or as a “dynamic context of constant interaction and mutual influences” (p.37). Again the relationship between a client and a therapist, something co-created, becomes a focal point to look at. In contrast, as Gestalt therapy, transpersonal therapy places emphasis on therapeutic techniques, in spite of the primary focus on the spiritual dimension. This is clearly seen through Hycner’s idea. He says: “The issue of utilizing techniques becomes figural in a dialogical therapy (the further steps in the development of Gestalt approach).

Techniques need to arise out of the context of the relationship” (1993, p.57-8). The particular place in the therapeutic process which has been allocated to the theory and techniques within the field of Gestalt therapy and transpersonal therapy opens up the possibility of examining the role of experience and the personal awareness of a therapist.

Transpersonal psychotherapy might be considered as one of the youngest approaches in psychotherapy and counselling, but with acknowledgement of the meaningful historical, religious and spiritual implications that it consists of. The importance of mentioning such a modality in this research relates to the fact that transpersonal psychotherapists based their ideas on the strong acceptance of three factors according to John Rowan (1993). Firstly, the language we use in everyday life and with which we write books relates to the ego functions, and therefore misses something vital and important. This resonates with one of the characteristics of AP: they tend to exist beyond the known linguistic systems we use in ordinary life. The second factor relates to the spirituality of a human being. The existence of which is undoubtedly within the field, but the inability of therapist or counsellor to be aware of it can pose an obstacle for psychotherapy. Again, this demonstrates some parallel with the idea of AP, which might be difficult to be aware of during the therapeutic process, but which exists and perhaps needs to be explored. Finally, Rowan (1993) pointed out our first experience of such a thing that always “seems to us holy and ultimate” (p.6). We have the capacity to adjust and accept it as something more ordinary. This relates to one of the characteristics of AP, which might be looked at and recognised through the reflective process.

Transpersonal psychology speaks of altered or ‘higher’ states of consciousness (Tart, 1975). They are all present in human beings with things like intuition, originality, and imagination (Cohen and Phipps, 1979). Although transpersonal psychotherapy might seem to be the field, where research is not easily conducted, the increased interest in human experience allows the researcher within this field to look at the object of their interest. For example: the notion of “peak experiences” that has been presented in this paper already seems to take up a significant part in

transpersonal counselling. According to Hay (1990), through peak experiences a human being is able to meet soul or spirit, be more open to intuition and be aware of different possibilities within the transpersonal. Interestingly, the notion of intuition is presented through diverse psychotherapeutic perspectives. Sucre (2008) by researching the intuitive knowing in psychotherapy has clearly emphasised the necessity of the growth of such knowledge and skills in the clinical practice. At the same time she underlines the limitation of researching such a way of relating, because of the numerous number of definitions as well as “lack of pragmatic discourse and maturity of praxis” (p. 10).

It has been shown above that different approaches towards the therapeutic process explain, define and conceptualise anomalous occurrences differently, including offering different understanding of human consciousness and different emphases on the relationship. Moreover, the historical development of therapeutic approaches has revealed that many recent ideas concentrate on spirituality and “what might be beyond the personal”. It seems crucial to underline that of such ideas are not novel. However, the training process of counselling psychologists does not include such things as learning about spirituality, awareness or any kind of Unknown, which might be present in the therapeutic process.

2.3 Counselling Psychology

This section provides an explanation of why the professional community of counselling psychologists has been chosen for this research. The section also analyses where counselling psychology differentiates itself from other professional areas that also provide psychotherapy. It also seems important to pay attention to the definition of who are “counselling psychologists” nowadays, and what philosophical, epistemological and methodological perspectives this particular field has embraced over the time of its development. The researcher believes that an understanding

of the body of knowledge counselling psychologists have helps clarify their professional position, what underlies their philosophical perspective and more importantly, what theoretical preference they adhere to their clinical practice.

Counselling psychology as a structured and organised field appeared in the UK only in 1994, where the Division within the British Psychological Society (BPS) achieved official status. The last seventeen years might seem insufficient for appropriate development, in reality it is just a clear illustration of how the historically, philosophically and scientifically determined areas of psychology might go unrecognised despite containing an otherwise hidden yet significant amount of knowledge and experience. Clearly, with a strong emphasis on an educational process, nowadays counselling psychology has become one of the larger communities in the BPS, becoming visible within the National Health System, through being a profession regulated by the Health Professional Council (HPC) and increasingly deemed a valid “competitor” in the psychotherapeutic arena. The Division of Counselling Psychology within the BPS gives a structured definition of the field and of the profession, which is important to note in order to understand under which umbrella the participants of the particular study may be contained. “Counselling psychology has developed as a branch of professional psychological practice strongly influenced by human science research as well as the principal psychotherapeutic traditions. Counselling psychology draws upon and seeks to develop phenomenological models of practice and enquiry in addition to that of traditional scientific psychology. It continues to develop models of practice and research which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling or psychotherapeutic relationship” (Division of Counselling Psychology, 2008, p.1-2).

Considering the presented definition, Milton (2010) argues that the counselling psychology is characterised by certain fundamental beliefs or values. These can be summarised in the following way: “pluralism, relational way of understanding the world, the understanding of distress, research

and enquiry, ethics and the therapeutic relationship” (p.2). For this study the notion of pluralism within the field needs to be discussed in order to clarify the epistemological bases of counselling psychology. No less central is the location of research in the field and its implications for clinical practice as well as the understanding of the therapeutic relationship, which nowadays is considered to be absolutely vital and indispensable for therapeutic changes (Mearns & Cooper, 2005).

Before the critical evaluation of these characteristics will be conducted, the researcher will try to explore what it is that distinguishes the chosen field from other areas of therapeutic provision. It is important to underline that today counselling psychologists in the UK are educated in an array of different therapeutic perspectives, equipping them with an integrative approach towards clinical work. These approaches: Humanistic- existential, Psychodynamic and CBT have a diverse theoretical underpinning that provides an opportunity for a learner to assimilate different theoretical knowledge and skills and find their own place within the theoretical orientations.

The ability of counselling psychologists to be open towards many theoretical orientations and be able to integrate and apply them appropriately, may be classified as one of the differentiating factors between the CP field and other related fields. Furthermore another salient characteristic feature of CP is the role research plays in the tradition. The meaning of the role of research in the field might be showed through specific characteristics of the scientist-practitioner model for counselling psychology (Blair, 2010). For instant Jones & Mehr (2007) emphasises that counselling psychologists ought to be able to use psychological knowledge in the therapeutic process. Barkham, Stiles, Lambert & Mellor-Clark (2010) suggest that research should spring from practice, supplying empirical evidence. Vespia, Sauer & Lyddon (2006) underline that such a training programme places equal emphasis on science and practice. The emphasis that the counselling psychology field has on scientific knowledge evokes the question: how does this affect practice and what do counselling psychologists rely on while working with clients? It is necessary

to explore what it means to be a scientific-practitioner, as well as the meaning of ‘scientific method’ within the field.

The significant role of research in the field opens up the critical question of what scientific research constitutes as well as underlines methodological dilemmas. Dilthey (1976) proposed a clear distinction between natural and human science, where natural science aims to uncover the cause-effect relationship of a phenomenon and explain it; human science should focus on the understanding of meaning. This simple explanation of the nature of science implies the possibility for human studies to call their research scientific, while applying different methodological and epistemological perspectives to the object of interest. Moreover, the objects of research have also been evaluated in terms of subjectivity and objectivity. Human science allows the researcher to focus on the inner experience of a human being, which from a natural science perspective is absolutely unacceptable, due to the inability to empirically observe it.

The notion of Pluralism within the CP also needs to be explored. Milton (2010) strongly believes that pluralistic epistemology is a core component of counselling psychology. By this he means that the idea of truth needs to be continually challenged and no phenomena can be taken for granted. Thus, there is no single reply to any kind of question, the world (worlds) is much more complex and there are several answers to any question depending on cultural, linguistic, personal, social influences on your viewpoint. Pluralism attempts to avoid any doctrine that tends to explain the world we live in, with the intention of allowing a practitioner to be fully open to inner clients’ experience.

The dilemma that arises concerns how counselling psychologists can allow themselves to tolerate continually this pluralistic philosophy. This might provoke a growing sense of instability and uncertainty, as there is no one theory or truth to rely on. Ritz (2006) acknowledged this by researching the emotional characteristics of trainee counselling psychologists. From her perspective trainees experience “emotional turmoil, as they struggle to get to grips with multiple theories” (cited

in Milton, 2010, p.10). However the emotional struggle to embrace pluralistic views is not the only problem that exists for counselling psychologists. Again, evidence based research implications in the profession need to be assimilated with an open attitude towards the phenomenological experience of clients, which emphasises the dialectical conflict within the field.

The last element to focus on is the notion of the therapeutic relationship in counselling psychology. When thinking about the main objectives of the study and “anomalous phenomena”, it might be interesting to look at how these experiences may or may not relate to the idea of the therapeutic relationship. In psychology and psychotherapy understanding the role of the therapeutic relationship has become central recently (Clarkson, 1995, Gilbert, 2009, Milton, 2010). However, although this concept has been present in the field for a long time, the factors within the relationships that affect therapeutic outcomes are still being debated (Milton, 2010). A finding of a meta-analysis of the relevant literature has been that the non-specific elements of the therapeutic relationship have more of an impact on therapeutic outcomes than any specific approach towards therapy (Lambert and Barley, 2001). Moreover, Norcross’s (2002) study proposes that 15% of outcomes relate to the therapeutic technique and another 15% is due to expectancy effects. A large amount, around 30%, has its root in common factors such as empathy, warmth and therapeutic relationship, and 40% in extra-therapeutic changes.

Regarding the object of this research, attention should be paid to the “non-specific factors” as well as to the “common factors”. The literature suggests that the latter relates to such characteristics as warmth, congruence and empathy (the core element of the person-centred approach). However, the present study questions whether there are some processes and experiences that a therapist or a counselling psychologist are not clear about or find difficult to understand. Thus the question of where AP fit in within the notion of “non-specific” factors” or even “common factors” will be borne in mind by the researcher.

Counselling psychologists coming from a holistic perspective of human beings, undertaking the humanistic-phenomenological philosophical paradigm according to Manafi (2010) and embracing the fundamental ethical principles like autonomy, non-maleficence, fidelity and beneficence according to Shillito-Clarke (2007), emphasise the power and significance of the therapeutic relationship in the therapeutic process. This stressing of the therapeutic relationship is determined not only by ethics and philosophical underpinnings within the field, but also by approaches historically considered integral to the counselling psychologist's education.

The characteristics of counselling psychology such as its epistemological perspective, what it means to be a scientific-practitioner, and the theoretical underpinning on clinical practice, provide the researcher with the understanding of what differentiates counselling psychologists from other practitioners. The researcher believes that an ability to integrate different therapeutic approaches allows counselling psychologists to develop the ability to look beyond existing theoretical boundaries and explore their own experience. Moreover, the researcher is interested in the experience of counselling psychologists and the development of this field, as she also part of this professional community.

2.4 Conclusion and the Research Question

This chapter explored two notions in the title of the present research, and attempted to show how existing literature tries to explain experiences such as anomalous phenomena. The chapter sheds light on how these experiences have been previously conceptualised and presented. In addition, the researcher intended to explain why the experience of counselling psychologists was selected as a focus for the present research. Moreover, an exploration of the literature around anomalous phenomena and an exploration of where counselling psychology sits today helped the researcher formulate the main research question and aims, which are presented below.

In the field of counselling psychology there has been a dearth of research which focuses on the way phenomena are experienced, especially occurrences of the anomalous kind. The literature review suggests the existence of different experiences, which have been given various names and meanings depending on the author's theoretical orientation. The field of counselling psychology presents itself as grounded in a pluralistic epistemology and open to different theoretical orientations. This facilitates an interest in exploring how counselling psychologists speak of experiences that have no name, and what these experiences might mean for them and their clinical practice. Furthermore, the researcher is interested in what role theoretical knowledge plays in clinical practice. This might be explored by reflecting on something that has no name for the participants, but exists in the therapeutic space. Therefore the researcher formulated the main research question:

“How do counselling psychologists make sense of experiences that they cannot initially understand (anomalous phenomena) in the therapeutic process?”

The aim of this research is to explore the role of anomalous phenomena in therapy through learning about the counselling psychologist's experience. To achieve the aim of current study the following objectives will be explored:

- How do counselling psychologists experience anomalous phenomena during therapy?
- What meaning do they ascribe to anomalous phenomena during the therapeutic process?
- What do these phenomena mean for them as counselling psychologists?
- What impact do these experiences might have on clinical practice?

Chapter 3 Methodological Overview and Rationale

3.1 Overview:

Before commencing a thorough account of the investigation itself, an overview of the methodological framework within which this study is located and its appropriate rationale will be presented. A qualitative method was chosen for the present study because it was expected that it would facilitate engagement with the complexity of the subject. To explore the theme of this study and provide a more appropriate method for examination and investigation of experiences Interpretative Phenomenological Analysis (IPA) will be used (Smith, et al., 1995). The researcher will argue that this method is the most convenient and pertinent one, due to the nature of the research question asked.

3.2 Rationale for a qualitative methodology

According to Bryman (1988), choices about research methodology may be influenced both by technical and philosophical perspectives. A technical approach speaks to the practical nature of research and belief that in the “real world”, decisions are often guided more by pragmatic considerations about aims and available resources than by the researcher’s ideological or philosophical perspectives (Hammersley, 1996).

At a philosophical level, decisions about research methodology may also be influenced by consideration of the researcher’s beliefs about the nature of reality (ontology) and ways of accessing that reality (epistemology). Such considerations contribute to the researcher’s view of those approaches which are regarded appropriate to their specific path of scientific inquiry. Before focusing on the specific methods used to collect and analyse data of this research, it is crucial for a

researcher to identify his or her philosophical position with respect to their understandings of knowledge, reality and truth.

McLeod (2003) reminds us that a serious split and disagreement is presented within the research community, connected with different conceptions of what a valid research method consists of. For a long period of time, psychology was mainly associated with ‘quantitative’ research. According to Crotty (1998), the philosophical underpinning of such methods is positivism, which focuses on the possibility of achieving objective knowledge. The external object or the relationship between objects usually tends to be investigated. Reality exists independently from an observer’s perception and operates according to immutable natural laws which are often presented in the form of cause and effect. Often quantitative research methods are considered to be appropriate when a researcher aims to classify and construct a statistical model in order to explain the observed phenomenon. Moreover, the researcher tends to look for something very specific, for which a hypothesis is formulated. One of the most important aspects of quantitative research in psychology is a researcher’s requirement to be separated from the object of investigation and be objective, so the finding can be generalised and applied to larger samples. Crotty (1998) points out that knowledge from these perspectives is provided after the statement of fact has been verified, in other words, unless the verification is complete, no statement about the external object can be made.

Human psychological phenomena such as fear, anger and love have an experiential component, which is excluded from the context being investigated, due to the desire to achieve objective knowledge and the impossibility in exploring such phenomena (De Koning, Ashworth & Giorgi, 1986). From this, a significant and widely discussed question arises: is it possible to explore psychological phenomena such as these, using a quantitative methodology? These objects need to be explored in depth. Their experiential aspects appear to be beyond investigation merited by a quantitative methodology. Moreover, psychological aspects of human beings cannot be investigated

without an acknowledgement of the researcher's own consciousness, which makes an objective view of the process almost impossible. This provoked the need to develop new methodological approaches. In certain areas of psychology, a shift from quantitative methods of research has occurred. Researchers found other ways of reaching knowledge through qualitative approaches. These approaches were developed along a number of lines, from phenomenological psychology (Amadeo and Barbio Giorgi, 1970, 1975); to existential psychiatry (Binswanger, 1963; Laing, 1967; Boss 1979); to the second wave of Feminism (Wilkinson and Kitzenger, 1995) and on to the development of social-constructivism as an epistemological paradigm.

Qualitative research has been extensively applied in psychology for the last 30 years, and is based on an interpretative paradigm, guided by the assumption that social reality might actually be created by subjective perception and experience of individuals involved in communication (Morgan, 1980). A qualitative approach in psychology offers the possibility of exploring, describing and interpreting personal experience and the phenomena that occur in social contexts. Current understanding of qualitative research in psychology, especially in counselling psychology, tends to have its roots in a number of research traditions, according to McLeod (2003). He adds that many researchers from diverse qualitative traditions apply "fairly idiosyncratic strategies for gathering and analysing data" (McLeod, 2003, p.71). A qualitative approach perceives knowledge as contextual and local, which makes this field much more "fragmented" (McLeod, 2003, p. 71).

Smith (2008) argues that qualitative research methods in psychology can be divided into three categories according to multiple possible conceptualisations of the subject and the predominant philosophical position of the researcher. The first group might be characterised as 'a system of objective variables,' (Smith, 2008, p. 4) through which personal understanding of the real world appears. This conceptualisation seems to have some commonalities with the positivistic perspective of cause-effect relationships in the objective world. The second category applies to those researchers who conceptualised human experience and perception as a set of quasi-linguistic

propositions through which individuals construct their world. These conceptualisations usually occur in the investigation of social integration, rather than in individual experience. What is argued is that an interpretation is what shapes the reality of the person. The third concept focuses on experience and perception, or on the opportunity to elucidate more precisely the meaning of human experience. This aspect largely reflects a phenomenological perspective. The latter two conceptualisations form the greatest part of qualitative methodology in the field of psychology.

Qualitative research tends to be rooted in an ontological and epistemological perspective that focuses on a search for meaning and how meanings are constructed and experienced by individuals and societies, largely through language. Consequently, qualitative researchers frequently focus on the analysis and interpretation of textual and verbal data, rather than employ a quantitative focus on numerical data (McLeod, 1997). Moreover, through an emphasis on individual and social constructions of meaning, qualitative methods can also be seen as broadly consistent with a constructionist viewpoint (McLeod, 1997). As an offshoot of the post-modern movement, constructionism is predicated upon a belief that there is no unitary way of perceiving or explaining reality or meaning, but that multiple constructed realities and meanings may co-exist. The qualitative paradigm also takes a view of the research process that regards the researcher as someone who is subjectively participating in a creative process of data generation, rather than as an impartial objective observer and discoverer of “facts”. The qualitative researcher is thus believed to exert an influence on the objective of their inquiry, as well as to be affected by it. The role of researcher in the qualitative context is to employ the reflexive aspect of the research process and to produce a record that would mirror their relationship to their field of inquiry (McLeod, 1997).

Furthermore, qualitative research has been identified as being particularly useful when investigating topics that are characterised by complexity, ambiguity or a lack of prior theory or research (Richardson, 1996; McLeod, 1997). The main focus of the present study is the AP in the

therapeutic process, which may be identified as having complexity, uncertainty and a lack of prior research around the topic. Furthermore, the literature in this field is not yet rich enough to present the researcher with a pre-defined set of research questions. Given the abstract and undeveloped nature of the literature, it is appropriate to utilise a research methodology that would enable a more exploratory approach.

3.3. Epistemological perspective

The theoretical approach called contextual constructionism (Pidgeon & Henwood, 1997; Madill, Jordan and Shirley, 2000) was thus developed, and it is in this epistemological perspective that this research is grounded. It has been largely influenced by the ideas of contextualism (Jaeger & Rosnow, 1988):

“Contextualism focuses on the active dynamic event and its view of human experience in and of the world as constructive and reactive, stable and variable, holistic and pluralistic have important implications for the ways and means by which we come to examine and understand human action”. (Jaeger & Rosnow, 1988, p. 71).

Contextualism as social constructionism assumes that the possibility of certainty in a science of persons is doomed to failure. It asserts a new philosophical perspective where the focus on the active, intentional nature of human actions, on the engagement of the individual in the process of construction of social knowledge, on the role of the researcher as an active participant in the process, and on applying a method that can expose intentionality. The principals of contextualism have been employed in different areas of psychology and sociology, especially in fields such as life-span development, personality, communication, and environmental psychology (Rosnow & Georgoudi, 1986). Within contextualism all knowledge is perceived as dependent on the local and

provisional situation, which determines the result of the research. The findings closely depend on the context in which they were collected, therefore the significance and the meaning of the context needs to be acknowledged.

Several of the basic principles of contextual constructionism will now be presented below. Firstly, human actions are dynamic and developmental in a constantly transforming reality. The emphasis on the intentionality of human beings underlines contextual implications, which could be historical or cultural, which are always in transition. Secondly, contextual constructionism specifies that human activity is not a result of “a social vacuum, but rather situated within a socio historical and cultural milieu of meaning and relationships” (Jaeger & Rosnow, 1988 p. 66). Individuals are not only involved in the construction of context, but are affected by the outcomes of their actions. Reality is seen as an active changing event, which can be unstable and inconsistent. The nature of understanding within this philosophical perspective might be exposed by having trust in “our own common sense knowledge of people,” and we should “think of them as human rather than machines, accept the indeterminacy that exists in the world, discuss organic wholes rather than fragmented parts and recognise the varied threats to precision in our methods” (Jaeger & Rosnow, 1988, p. 68).

The researcher would like to underline the chosen ontological perspective, which is likely to closely relate to the epistemological (Crotty, 1998). As it has been said, reality is seen as active and changing, and cannot be defined as unique. The researcher locates her view of reality in the middle of the ontological continuum, between two main viewpoints on the reality: realism and relativism. The researcher believes that there is a reality, as Merleau-Ponty (1968) and Heidegger (1962) suggested. However the meaning of such reality appears only when a human being’s consciousness meets such reality. In other words, there is a possible reality existing in the world, prior to meeting with a human being’s consciousness. Therefore, reality is varied and cannot be defined as something unique to investigate and explore. Additionally, this view offers the opportunity to focus

on the human inner experience as a provider to the subjective meaning-making about the reality of every individual. Furthermore, this ontological viewpoint correlates with the researcher's ideas of the existence of AP, which are experiences that might exist beyond human understanding, have no linguistic symbol, but are experienced and potentially acknowledged.

The other important element of constructivism for the current study is its definition of language as a social tool for interaction. Smith (2008) believes that this view of linguistic symbols seems to be about possessing socially shared rather than idiosyncratic meaning, just as in phenomenology. As Willig (2001) states there is a possibility that language does not only describe reality, but also constructs reality. In this case the role of language in any phenomenological analysis should be regarded as something to reflect upon and acknowledge. From this epistemological perspective, which was selected for this research, language seems to represent the conventional medium by which we express what we experience. It might be limited and therefore may impose restrictions on our ability to express what we know and what we experience, but although language does not represent the whole experience, it provides us with the opportunity to explore experiences such as AP by taking the role of a medium by which the human being can verbalise their inner experience.

3.3. Rationale for Using Interpretative Phenomenological Analysis (IPA)

The epistemological view that underlies this research has defined the choice of a particular methodology. The chosen methodology needed to allow an exploration the research question, and IPA appeared to be the most significant and important methodology, considering the theme of the present study. The main focus of the research is the exploration of the experiences of AP, therefore phenomenological research methods were considered, as phenomenology strictly focuses on the human being's experience as a holistic phenomenon. A large number of research methods and

techniques are performed within the phenomenological philosophical paradigm. Such methods, for example, include the open life world approach of Dahlberg (2008); the dialogical approach (Haillig et.al., 2006); the Dallas approach (Garza, 2007) are quite close to Giorgi's approach (1997), and integrate the Husserlian methods such as "bracketing" and "phenomenological reduction" (Husserl, 2001, vol. XIII, p. 432), where researchers try to detach themselves as much as possible from the investigated phenomenon. Others, following Heideggerian ideas (1962/1927), have embraced the interpretative element, acknowledging the fact that the using interpretation seems to be the closest way of gaining insight into others' experiences. The most developed and widely used phenomenological method in Britain since 2004 is IPA, "which has gained considerable purchase in the qualitative psychology field in United Kingdom" (Finlay, 2009, p. 8).

IPA is a version of such a method which aims to explore the research participant's experience from his or her own perspective (Willig, 2001). The aims set by IPA researchers tend to focus not only on the depth of people's experience and the meticulous examination of how people make sense of these experiences, but also on the understanding of a particular phenomenon (Smith et al., 2009), which complies with one of the aims of this current study (see page 29).

The theoretical view of IPA is that the person is a cognitive, linguistic, affective and physical human being and it is taken for granted that there is a connection between people's ability to talk, and their thinking processes and emotional states (Smith, 2003). Moreover Willig (2008) claims that IPA as a method is consistent with social constructionist claims about the social and cultural influences on the way we experience and understand the reality of our lives. Therefore, this particular methodology seems to fit clearly with the researcher's epistemological underpinning of contextual constructivism (see page 34).

The IPA research method is rooted in different philosophical approaches: phenomenology, hermeneutics and idiography. The phenomenological perspective within the IPA method requires us to focus on the experience of each individual and validate this experience as unique. Phenomenology is concerned with subjective experience and how things occur in this experience. Husserl's notion of 'to the thing themselves' illustrates the phenomenological purpose to demonstrate how the world appears and how it is experienced through consciousness. Also, the notion of 'intentionality' implies that we are always conscious of something while simultaneously the object of exploration is always an object for someone (Crotty, 1998). Thus, these two elements cannot exist in isolation and any phenomenon cannot be explored without the understanding that they are always "phenomena as perceived". This means that any experience needs to be investigated or explored in relation to the other, and experience exists in a context of human consciousness. This concept provides a relational view on the co-existence of the object and subject, humans and the world we live in.

Similarly, Heidegger's idea of *Dasein* – 'being there', and the essence of being human, is relevant to understanding phenomenology. Moran (2000, p. 223) put forward the question of how the researcher explores '*dasein*'. Unavoidably, the study of a human being's life involves the exploration of it through cultural and social-historical meanings. However, the complexity of interrelating components led to the focus of what Heidegger names the 'factual' being (Willig, 2008) – an individual's way of perceiving, experiencing and describing their subjective experience.

Furthermore, phenomenology acknowledges the role of culture as an environmental element that we embrace over lived experience. This assimilation might result in a defined and structural meaning of the world and the task of phenomenology is to reduce the existing meaning in our consciousness and explore life experiences beyond them. This philosophical underpinning seems to relate very closely to the ideas of the researcher and so provided the philosophical foundation for

the current study. Focus on the experience of AP might provide the opportunity to explore something that exists beyond the professional (psychological or psychotherapeutic) concepts and meanings that professionals have embraced. As a consequence, the question of how individuals make sense of their experience is central to this research, and may be uncovered not just by using a phenomenological approach, but also by understanding and applying other theoretical perspectives which underpin IPA.

Hermeneutics, the theory of interpretation, was developed within phenomenology by Heidegger. Hermeneutics opens up the possibility of understanding and accessing experience, through interpretation. Heidegger went on to make dual proposals about things that have some certain, explicit meaning for us while simultaneously maintaining a hidden meaning. For him, phenomenology is concerned with the uncovered, implicit, hidden meaning, ‘something that might be latent or distinguished, as it emerges into the light’ (Smith et al., 2009, p.22). At the same time, phenomenology examines what appears to be on the surface, because this might be connected with what is hidden. Heidegger’s ideas were also influenced by Dilthey (1976), who believes that hermeneutics should become the main method of human science, where the aim would be to understand life experiences themselves rather than to codify them. Schleiermacher (1998) meanwhile explains how interpretative processes might be affected. He proposed two types: grammatical and psychological. While the former focuses on textual meaning, the latter uncovers the individual presence behind the text. Smith (et al., 2009) describes Schleiermacher’s ideas as being very contemporary, and suggests a very holistic attitude towards interpretations. For Smith and later for IPA, the interpretative process is not a systematic set of rules that guide how we read texts, but rather the intuitive method of deep discovery. If one is engaged in thorough, full and holistic analysis, it can result in the uncovering of meanings. This way allows the interpreters to see

how analysis may present unexpected insights which go through and beyond the explicit claims of the participants.

Thus, the possibility of exploring different perspectives in the text arises using interpretative analysis. Nevertheless, Heidegger states that all understanding is related to the fore-structure that researchers, interpreters or listeners have, including their historical, social and cultural background and experiences, which cannot be completely explicit. While these things may be seen as an obstacle for a researcher, due to these factors implicitly influencing the interpretative processes, cultivating awareness of one's own fore-structures may help one go through the hermeneutic cycle, "which moves the parts of experience, to the whole of experience and back and forth again and again to increase the depth of engagement with and the understanding of text" (Lavery, 2003, p 9). Gadamer, (1960/1998) who also discussed the idea of the hermeneutic cycle, viewed language and understanding as indivisible structural features of a human being. He continues that "Language is the universal medium in which understanding occurs" (Gadamer, 1998 p. 389). Kvale (1996) explains the possible end of such a cycle when the interpreter achieves sensible meaning, which is liberated from internal conflicts. Putting it differently, hermeneutics allows the researcher, after a detailed process of interpretation, to see the phenomenon (Smith and Osborn, 2007) as it is described through experience. IPA engages with 'double hermeneutics' (Smith and Osborn, 2003), which means that a researcher makes sense of what the participant has previously made sense of. Furthermore, "the duality of hermeneutics within IPA also might be shown through centred-grounded position that contains a hermeneutic of empathy with a hermeneutic of 'questioning'" (Smith et al., 2009, p. 36). The researcher is attempting to look at the experience from the participant's perspective, attempting to understand what it is like for someone to experience AP. Simultaneously, an investigator should demonstrate an analytical, interpretative and a meaning-making attitude (Smith et al., 2009). Within this research project the researcher is hoping to reach

the meaning and understanding of AP through analysing the experience of participants. The researcher has an awareness of the possible limitations of the extent to which a full understanding can be reached. The researcher believes that the double hermeneutic offers the most delicate way of exploring others' experience, and that this is the only possible way to get close to the exploration of others' experience. Therefore the researcher applies the double hermeneutic philosophy within the chosen method for analysing data.

The third perspective that largely influences IPA is idiography, which highlights 'the particular'. The strong emphasis on the particular occurs on two levels. The first level presents with a focus on thorough and systematic analysis of the particular, while the second level is concerned with the understanding of a particular phenomenon from the perspective of a particular participant within a particular circumstance (Smith et al., 2009). Consequently, just a small, carefully chosen and located sample may be used within IPA. However, IPA does not exclude the possibility of generalising data, but rather applies a different method of "establishing those generalisations" (Harre, 1979). Heppner (et. al., 1999) wrote that idiography aims to offer an insight into how a given person, in a given context, makes sense of a given phenomenon. Smith (2004) advocated a case using a study in IPA. However, as he points out, recently more researchers use more than one sample for analysis, which proposes not just a detailed examination of one particular lived experience, but also a searching for similarities and differences of the themes proposed within the analysis phase. "In a good IPA study, it should be possible to parse the account both for shared themes and for the distinctive voices and variations on those themes" (Smith et al., 2009, p.38).

IPA is concerned with the detailed examination of human lived experience and it aims to conduct this examination in a way which as far as possible enables that experience to be expressed in its own terms, rather than according to predefined category systems (Smith et al., 2009). The aim of the current study is to explore counselling psychologists' experience of AP in the therapeutic process and to understand how they make sense of these experiences. IPA will give the opportunity

for counselling psychologists to explore their experiences which initially cannot be understood in the therapeutic process. The study also has the aim of understanding the significance of these phenomena in clinical practice.

3.4 Reflexivity

Willig (2008) argues that the qualitative methodologies might be recognised by the way they highlight the role of reflexivity. The importance of reflexivity, which is understood as the researcher's ability to be aware of the influences he or she may have on the construction of meanings, needs to be present during the entire research process. Furthermore, to make the role of reflexivity clearer and more accurate, Willig (2008) proposed two types of reflexivity: personal reflexivity and epistemological reflexivity. The former focuses on the influence of personal values, beliefs, thoughts, views and previous experiences of a researcher on the research process, including the choice of a particular subject, the formulation of the research question and the results of the analysis.

Epistemological reflexivity, alternatively, comprises the critical evaluation of the research question and its possible limitations, the selected methodology and the way this might limit the findings. Moreover, reflexivity offers an opportunity to look at our own assumptions about the world, knowledge, reality and truth. As Willig (2008) pointed out, for many researchers these two types of reflexivity become central to their research projects, and this is why the significance of reflexivity should be noted. The role of personal engagement with the research and the ability to be aware of the extent the researcher contributes to the whole process underlies and hence differentiates qualitative research from a quantitative approach.

3.5 Language awareness

An essential part of reflexivity is a critical awareness of language, according to Fairclough (1995). As it has been already said, the chosen epistemological perspective acknowledges the role of language as a medium. IPA as a methodology emphasises the role of language and proposes the close, detailed examination of the linguistic parts of the interview. Willig (2008) highlights that language has a constructive dimension, which means that how the researcher will use labels and different categories of themes will impact on their findings and the way the findings are presented. Therefore the researcher is required to be precise and meticulous with how the questions are formulated, what kind of words are used and how the interpretative process is going regarding the linguistic elements: “It agrees that language is important to that enterprise and that our sense of self emerges from the never- ending flow of intersubjective communication.” (Willig & Stainton-Rogers, 2008, p.184).

It should also be noted that the selection of an IPA approach for current research was made following due consideration of a number of possible qualitative methodologies. For example, discourse analysis (Potter & Wetherell, 1995) is another qualitative approach, which is concerned with deconstructing the context, rhetorical organisation and socially active functions of language. This approach was rejected for the present study because of its primary focus on the discursive devices that people use to manage their interest in social interaction and construct their social reality. Such an approach was not considered to be well suited to the broader level of analysis, which was required to enable the articulation and representation of participants’ personal and shared meanings and experiences.

Content analysis (Weber, 1985) is an approach to qualitative data that attempts to describe manifest and latent levels of meaning present in textual data and to reduce these to discrete, mutually exclusive and quantifiable sets of categories that comprehensively account for what is of

interest to the researcher. This approach was rejected due to its unsuitability to the main aims of the research. Content analysis does not focus on the life experience or on particular phenomena. Furthermore, its approach to what it terms ‘the essential classification of data’ was regarded as being too rigid. It was felt that a more flexible, fluid and organic approach to the data analysis would be more appropriate to the explorative nature of this study and the complex character of the topic, as well as more consistent with the contextual constructivist epistemology of the research.

Grounded Theory (Glaser & Strauss, 1967) is one of the qualitative methods, which like IPA begins with an inductive approach. This method was carefully considered for use in this present study because of its phenomenological roots and focus on experience. There are a number of versions of grounded theory. The constructivist version (Charmaz, 2006) seems to have the biggest overlap with IPA. However, grounded theory is mainly concerned with generating a middle range theoretical account of psychological phenomena. Due to the aims and procedure of grounded theory, this method seems to be more conceptual and explanatory than IPA, and is based on a larger sample of participants that IPA requires (Smith, 2007). Due to IPA’s close and detailed examination of experience within a specific context and its focus on particular phenomena, it was chosen as the methodology for this research. Therefore grounded theory was rejected as a method, as it does not provide the micro-analysis of individual experiences with which the present study is concerned.

The phenomenological approach of Giorgi (1997) operates within psychology and emphasises Husserl’s phenomenology. The main distinction between IPA and Giorgi’s method is that the latter seems to utilise a descriptive rather than an interpretative approach. In addition, Giorgi’s method focuses on possible commonalities in experiences to provide a complete picture of a phenomenon, while IPA, applies the detailed examination of a particular experience and emphasises the depth of analysis. These differences seriously affect the results of research. While

Giorgi's method tends to present "third person narrative... summary of the general structure for the phenomenon under the question" (Smith et al., 2009, p. 200), an IPA result takes the form of "a more idiographic interpretative commentary" (p. 201). Therefore Giorgi's method was rejected in order to provide the researcher with the possibility of exploring not just a phenomenon, but also the depth of a particular experience within a particular context.

3.6 Conclusion

This chapter aimed to look at the difference between qualitative and quantitative methodology within psychology. Considering the above, it is important to acknowledge that according to the epistemological and ontological positions which the present research question aligns itself with, the chosen methodology (IPA) is reasonably appropriate for the research. The researcher claims that a qualitative method is preferable within the context of this research. Moreover, following a detailed analysis of the existing qualitative methods, IPA was chosen as it enables the researcher explore the main research question.

Chapter 4 Research Procedure

4.1 Overview: Design and Aims

This chapter will provide a detailed overview of the research procedure. The chapter will elucidate the processes the researcher went through to achieve the discussed aims, including a discussion about how the researcher put the methodology into practice. The researcher will argue for the use of semi-structured interviews as an appropriate method to collect data for this particular study as well as for the importance of conducting a pilot study. Additionally, the author will describe the recruitment procedure and the interviews themselves, followed by detailed examination of how the qualitative data was accessed. Before the method is described, the aims of the research will be presented for a second time in order to provide a more clear explanation of how the design, structure and procedure of the interviews relate to the goals and objectives of research. Also, this chapter will highlight the ethical issues that might have arisen, and ways of preventing them. The aim of the presented study was to explore the role of anomalous phenomena in the therapeutic process as well as to look at the way counselling psychologists experience such phenomena. The main research question is:

“How do counselling psychologists make sense of experiences that they cannot initially understand (anomalous phenomena) in the therapeutic process?”

To achieve the current study’s aim, the following objectives will be explored:

- How do counselling psychologists experience anomalous phenomena during therapy?
- What is the meaning of anomalous phenomena during the therapeutic process?
- What do these phenomena mean for counselling psychologists?
- What impact might these experiences have on clinical practice?

4.2 Ethical considerations

Ethical clearance for the research design was obtained via the University's Research Board
(See Appendix 1)

The researcher was aware of the following ethical issues:

Related to scholarly work:

Inaccurate and misleading information in the research may distort or falsify the profession's knowledge base therefore the researcher has the responsibility to provide accurate information in order to improve the condition of the individual and society, and to extend the profession's knowledge base. Moreover, the researcher has the responsibility to aim to minimise the possibility that results will be misleading, and so to report them accurately and prevent their misuse (Heppener et al., 1999).

Related to participants:

The confidentiality of the participants may be compromised by making recordings of interviews which will subsequently be heard by the research team.

The research interview could trigger off painful material for participants.

The researcher may unconsciously manipulate the interview process or content to produce results that conform to her own assumptions (McLeod, 2003).

Strategies for dealing with these issues are in place:

Informed Consent: Before participating in the investigation, all participants will complete two Informed consent forms (Appendix 2). The researcher will retain one (signed), and the participant will retain the other. The consent form received from the participants will then be kept separate from the interview transcripts using a separate collection box.

Anonymity and the withdrawal process: In order to ensure confidentiality and anonymity, interviews will be anonymous but participants will be asked to create an 8-digit-ID code out of a combination of letters and numbers of their choice (i.e. B1H2J3D4) which is to be kept safe (i.e. on their mobile phone and/or invitation sheet). Participants have the right to withdraw from the study if they wish. Withdrawal procedure will be addressed in the invitation letter (Appendix 3), in the consent form and in the debriefing letter (Appendix 4). If the participant decides at any point to withdraw his/her data, they are instructed to contact the investigator making reference to the 8-digit-ID code created by the participant previously. However the data in an aggregate form may still be used.

Debriefing: On completion of the investigation participants will receive a debrief letter informing them of the nature of the study and confirming that information will remain confidential until the data collection process has been completed. The researcher will offer some post interview time for the participants to discuss any issues that might have arisen during the interview. If the participants have any concerns about the study then they will be advised to contact a support group, of which details will be given on the debriefing form.

4.3 Interview Design

To attain answers to these questions, interviews were selected as a method to collect data. This approach appeared to be more detailed and personal, which for this particular research is fundamental. McLeod (2003) states that the attendance of the researcher in the interview provides the opportunity for constantly monitoring of the adequacy and appropriateness of the information from the participant as well as providing a better understanding of what is said. The main task for the researcher in the interview is to identify an object or a phenomenon of exploration and conduct

the interview by facilitating a dialogue about it (McLeod, 2003). It was important that a trusting environment was created between the researcher and participant, and that the researcher was able to be open, reflective, and understanding. Mearns and McLeod (1984) draw the parallel between a qualitative interview process and principles of person-centred counselling. A high level of respect, empathy and acceptance might help the participant to be more engaged with the research topic, and feel safe and free enough to talk about the subject with the researcher. Smith (2004) argues that for IPA a good interview is absolutely essential. It is expected that the interview will be led by the participant. The researcher, simultaneously, should stay open to unexpected turns, as they are usually the most significant and valuable elements in the interview (Smith et al., 2009).

For this research the semi-structured interview was selected, as it has been seen to be a more appropriate and suitable way to collect the data. Semi-structured interviewing appears to be more flexible than structured interviewing or surveys. Prior to conducting a semi-structured interview, the researcher should prepare set of questions to explore the object of study and establish “techniques” that allow for the free investigation of emerging ideas, rather than following the established bank of questions. The semi-structured interview provides an opportunity for the researcher to hear the participant talk about a particular aspect of their life or experience. Participants should be granted an opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express their concerns at some length (Smith et al., 2009).

According to Almedom (1997) semi-structured interviews have their own strengths and weaknesses, which need to be noted in order to be aware of the possible limitations this technique of gathering data might present to the researcher. The strengths of this method include the possibility to gain in-depth knowledge about the object of study, and a high validity and facility in terms of documenting data. Moreover, a complex issue might be carefully explored, especially when the objects are not tangible, such as feelings or emotions. On the other hand, the limitations of such an approach need to be highlighted. For instance, 1) the interviewer requires particular skills

in conducting the interviews; 2) the possible presence of the researchers' unconscious signals might affect the process and results, and 3) the data after the interview appears unreliable, because of the openness and freedom during the interview and the length of time it took, which might be over an hour.

Although the weaknesses of semi-structured interviews has been discussed, the researcher has chosen this method for the present study because the abstract nature of the AP requires not leading the interviewees in order to give them enough space to express everything they would like to. However, at the same time the researcher should be subtly directive in order to maintain the focus on the topic of exploration. The exploration of the in-depth experiences is the specific task for this study, due to the researcher's area of interest and aims of the research project.

4.3.1. Interview Preparation

The researcher prepared the interview questions for a pilot study to monitor the time the interview took, and the way these questions might be introduced by the interviewer. The researcher focuses on the main objectives of the research, which are phenomena, experience and the counselling psychology field. The equal importance of these three elements of the current research determined the way the interview questions were formulated and ordered.

In order to avoid possible leading, the researcher designed the questions to be as open as possible, with the intention to allow the participants to explore their own experiences.

For the pilot study the following questions were formulated:

- Could you tell me what the therapeutic process means for you? How would you describe the therapeutic process?
- Could you tell me about any of the experiences that weren't clear for you or that you could not understand during the session?

- How do you experience these kinds of occurrences which are not very clear to you and that you cannot understand? Could you tell me more about that?
- Could you try to think about some examples of these phenomena during the therapeutic process?
- How might you interpret these experiences for yourself? What do you think they are actually about?
- Could you tell me what these experiences mean to you as a counselling psychologist?

Furthermore, to start collecting the data, the researcher prepared the invitation letter, the consent form and the debriefing form, according to the Ethics of research procedure - (Appendix 2,3,4).

4.3.2. Interview: Piloting

The pilot interview was undertaken with one of the male students from the last year of the Counselling Psychology Doctorate programme to examine the time and the sufficiency of the prepared questions. Additionally, the pilot study was a planned trial for the researcher to be more familiar with the way the questions are formulated and to be more prepared for unexpected directions the interview might take.

The interview was conducted in a safe and secure environment where the participant felt comfortable enough to share his experience. The interview took approximately 50 minutes and was audio-taped with the participant's agreement. It was subsequently transcribed and carefully analysed with the purpose of understanding the advantages and disadvantages of the interview procedure. The researcher was able to reflect on the pilot study and hone the interview process. The interview questions were thus re-evaluated and the structure of the interview was altered, in order to make it more appropriate and relevant, increasing the likelihood of collecting the data necessary to answer the research question.

4.3.3 Interview Summary

The pilot study made more explicit some of the disadvantages of the interview structure, and therefore, some modifications were made. After personal reflection on the pilot study process, the researcher also felt more confident about the interview procedure and the changes that were made.

The following questions were included in the final sample of questions:

- There are things in the therapeutic process that seem to be difficult to make sense of or to understand. Could you tell me whether you have had an experience of such things?
- Could you tell me what kind of feeling these experiences evoke? How do they make you feel when they occur?
- Could you tell me how you would interpret them or make sense of these experiences?
- What do these experiences mean for you as counselling psychologist? How do you think you might evaluate these experiences? Do you think in the field of Counselling Psychology these experiences are significant or insignificant?

4.4 Selection and Recruitment of Participants

The main selection criterion was the number of years' experience the counselling psychologists had as clinical practitioners. It was expected that the participants should have more than 10 years of experience in clinical practice. The researcher believed that more experienced counselling psychologists would potentially be more able to make sense of indefinable experiences that emerge in the therapeutic process within them or between them and their clients. The second criterion was that the counselling psychologists should have practiced language-based therapy and be experienced enough to make sense of anomalous phenomena in the therapeutic process.

The researcher planned to recruit between eight and ten participants, depending on the time the interviews took. It could be seen that a group of eight to ten participants does not provide a fair

representation of the population. However, in order to understand the experience of the phenomenon in depth the researcher chose to focus on a smaller number of participants to allow for a more profound analysis of their experiences. In support of this, Heppner (et. al., 1999) suggests that in qualitative research, applicability of findings is more important than generalisability.

After a careful consideration of possible implications the payment might have on the interview process and the information gathered, considering the number of years in clinical practice of the participants, the researcher offered £20 to each participant for a one-hour interview. This procedure was approved by the Ethical Board of Roehampton University (Appendix 5). The researcher was aware of the ethical implications of the payment to the participants, therefore the payment was offered for the time participants spent in the interview, which was approximate to the remuneration for therapeutic or counselling sessions. This reward seemed to be appropriate in these circumstances. Moreover, in order to decrease the possible affect the payment might have on the context of the interview, the researcher offered the money before the interview started in order to stress that the payment is made for the time and participation and not for what was said (Head, 2009). Taking into account the average payment rate in the UK for counselling sessions with experienced practitioners, the amount of £20 was not considered to be a significant element with possible negative implications, but rather a just reward for their time.

4.4.1. Recruitment Procedure

Participants were invited by the researcher to participate in the study through the British Psychological Society (BPS) online and also by sending e-mails to members of the BPS Charter. The recruitment procedure took around four months, during which time the advertisement (Appendix 6) was put up twice, with some amendments made in between. The changes that were made by the researcher were regarding the presence of the term “anomalous phenomena” in the

advertisement. From the second advertisement and from the e-mails that were sent after the first trial, the term was removed and the main questions were underlined as the object of the interview. Participants replied to both adverts, however only one was recruited before the amendments. It seems difficult to come to any kind of conclusion about why only one participant made contact before the amendments, because other factors might have played some role, such as time (the first trial was announced in September 2011, while the second in November 2011. Considering this, the researcher is unable to make any kind of conclusion in relation to this event.

4.4.2. Sample Characteristics

For the present research project eight Chartered Counselling Psychologists with 10 or more years of clinical practice were recruited to contribute to the research project. The following table comprises the demographical characteristics of the sample.

Table 1. Summary of Participants' Demographics.

Participants	Age	Gender	Therapeutic orientation
Participant 1	40	Male	Integrative/ predominantly psychodynamic
Participant 2	Over 60	Female	Integrative/ psychodynamic
Participant 3	41	Female	CBT therapist
Participant 4	Over 50	Male	Integrative
Participant 5	Over 50	Female	Integrative(Psychodynamic, person centred, CBT)
Participant 6	44	Male	CBT, NLP, Hypnotherapy
Participant 7	Over 60	Female	CBT/ Integrative
Participant 8	Over 80	Male	Transpersonal psychology.

4.5. Interview Procedure

All the interviews were conducted in a convenient place for the participants, which was usually the office they used for their clinical practice. All the locations were safe and familiar to the participants as well as for the researcher, who was able to travel to the agreed place. At the beginning of every interview the researcher suggested that the participant take their time to look at the consent form as well as ask any questions they had. Every participant was asked to create a 8-number code to maintain his or her anonymity. Each interview was audio-taped, which the participants were informed about in advance. At the end of the interview every participant received a debriefing form. Two copies of each form were signed: one for the researcher, and one for the participant.

4.6. Interview Transcription

All the interviews were audiotaped using a Samsung tape recorder. The transcript of each interview was made personally, without using any computer software. Smith (2007) suggests that IPA requires a very detailed transcription. The importance of recognising the whole range of aspects of social interaction should be acknowledged. IPA requires semantics and ‘non-conventional’ aspects of the interview to be recorded, which might have some impact on the way the researcher makes sense of the content. The recording of non-verbal utterances in the transaction is necessary to provide a holistic picture for the possible interpretations. The transcriptions (Appendix 7 – sample of one interview) for the present study were produced according to the requirement of the chosen methodology and following the structure offered by Smith (2007).

4.7. Data Analysis

The existing literature about IPA as a method does not suggest a unique way of analysing the data. However the published articles agree on flexibility with the analysis. The most important part of the analysis seems to be the researcher's focus on the participants' attempt to make sense of their subjective lived experience. Smith describes the analysis "as iterative and inductive cycle" (Smith et al., 2009, p. 79), where there is a space for the personal, intuitive and creative engagement of the researcher with the participants' accounts. There is no right or wrong path to take when analysing the data and a researcher is encouraged to be creative and innovative. There are some principles suggested below, for those who are applying IPA as methodology for the first time.

After a careful and detailed investigation of the possible methods of analysis, the researcher found the most suitable and appropriate way of looking at the data for this particular study. The researcher felt that this way was the most appropriate due to personal preference as well as acknowledging the main principles of the analysis, offered by Smith (2009). The following steps were undertaken by the researcher while analysing the data for current research project.

1. Reading and Re-reading.

It is suggested that to begin to enter the participant's world it is essential to be actively engaged with the data. Smith (et al., 2009) points out the possibility of listening to the tapes while reading the transcripts in order to have a clear picture of a voice, a gesture, an intonation and pauses. It seems essential to remember that a participant should be the main focus of the analysis and not the transcript of the account. The possibility of reading, re-reading and re-reading again needs to be utilised by the researcher. There should be an attempt to explore the participants' experience as closely as possible, taking into account every small detail. Additionally, in this stage the researcher can highlight the main sections that comprise the rich information. The researcher of this project considers this step of the analysis to be the most significant. It appeared that this stage

took more time, as the engagement, understanding and detailed exploration of the experiences seemed to be crucial for the aims of current study.

2. Initial Noting

The second stage of the analysis includes the examination of semantic context and language use in the transcriptions. In this stage the researcher makes initial notes of the interesting and important parts of the participants' accounts. The researcher started to acknowledge the particular way the participant shared his or her experiences. It seemed to the researcher that there was not a clear distinction between step one and two, as the process of reading automatically evokes the necessity to make notes in relation to some parts of the transcriptions. The most difficult and simultaneously fascinating element of this stage is the possibility of, and requirement to, produce an inclusive and detailed set of comments. The inexperienced researcher might at first tend to analyse the data in a more descriptive way. However, an interpretative approach needs to be applied to the data in order to understand the meaning of the participants' experiences. Exploring their language and thinking about their concerns is helpful in this stage to produce more abstract ideas. Smith (et al., 2009) offers to use three different concepts to think about the participants' accounts: descriptive comments, linguistic comments and conceptual comments. The researcher found these tips to be extremely useful and hence the analysis of first transcript was made according to them. These tips helped the researcher to be more focused and to go into more detail about the process. They provided the possibility for the researcher to look widely into the participants' experiences. It needs to be acknowledged that the researcher found it difficult to find the line between an interpretation that emerges from the participants' accounts, and an interpretation that might belong to the researcher. In spite of the fact that the researcher is aware that IPA as a method provides a possibility of a double hermeneutic, there is still a fine line between the interpretations that come from the researcher, and those that come from the participant. The awareness of this obstacle helped

the researcher to explore the experiences of others closely and think carefully of the interpretation and the relationship between this and the account of the participants.

3. Developing Emergent Themes in Each Case

The next level of analysis proposes to develop the themes from the notes that were made in the previous stage. In this stage the researcher works solely with the comments and notes, trying to interrelate some of them, find patterns between them and map the emerging themes. The researcher found this step to be one of the easiest in the whole process of analysis. Perhaps while looking for the emerging themes the researcher is able to recall what has been already noted during the previous stages. The map of the possible themes appeared quite quickly for the researcher, as the potential themes were unintentionally named by the participant. It was important to be aware at this stage that themes become an integration of participant's accounts and researcher interpretation. Smith called it to be "a synergistic process of description and interpretation" (Smith et al., 2009, p. 92).

4. Moving to the Next Case

The next stage is dedicated to observing a connection across the themes in each case. However, the researcher decided not to look for connections across the themes in each case and instead moved to a new case, so connections could be found after every interview was analysed to the same stage. This decision was made based on the researcher's awareness that looking for the connection between themes and constricting the super-ordinate themes after the first interview might have had an impact on the way the researcher would analyse the following interviews. Moreover, it was assumed that if in the next stages of the analysis the researcher would play with already created super-ordinate themes between interviews, some of the originally emerged themes might be unintentionally dismissed. In order to avoid this, each transcribed interview was left after this stage. The researcher moved to the next case, applying all the same procedures to each of them. There were approximately 80-100 themes that emerged in every case, after applying all three levels of analysis as described above.

5. Looking for the patterns across cases

The last stage of the analysis appeared to be the most creative and time consuming for the researcher, due to the fact that the researcher decided to not look across the themes in each case alongside further data collection. By the end of the analysis, eight interviews with approximately 6400 themes were presented and the researcher had to find patterns and connections between some of them, and was forced to leave some of them out. In order to find what connection existed between the themes the researcher used a large surface (in this case, a wall). Placing each theme on the wall the researcher attempted to organise them into meaningful groups, which later became super-ordinate themes. While this process took several weeks, it was very obvious and clear how many themes were to be left out, due to their lack of reappearance across the participant sample. It was also clear how some themes were constantly presented and those became the centre of the researcher's attention. By arranging themes on the wall and carefully think how each might correlate with one another provided the opportunity to conduct a detailed analysis. The researcher enjoyed the process, particularly the final stage when a particular number of groups (sub-themes) were presented on the wall. The next stage was to write down and name all sixteen themes.

4.8. Assessing the Quality of the Data

Applying qualitative methodology requires no less attention to assessing the quality of the data than in quantitative research methods. The researcher followed and applied the Yardley's (2000) criteria of assessing data, as Smith et al. (2009) suggests that these particular criteria are well suited to IPA. The researcher took into account four main principles of assessing the quality of the data. A description of these is presented below, yet the practical application of them and their role in the research procedure will be described in the final chapter where the methodological reflexivity is addressed.

The first and perhaps the main criteria was the *sensitivity to the context*. This needed to be present throughout the whole process, beginning with the selection of a methodology, applying it while collecting the data, and during the data analysis. By the ‘sensitivity to the context’ Yardley (2000) means the careful, selective and thoughtful attitude to the methodology and to the participants (such as their socio-cultural background, context of the interview and the dialogical nature of the interaction). Also the analysis required “immersive and disciplined attention” (Smith et al., 2009, p. 180) from the researcher. Sensitivity also can be demonstrated by acknowledging of the theoretical underpinning of the selected topic and possible implications of this knowledge.

The second principle described by Yardley (2000) is *commitment and rigour*. Personal commitment is expected while data reflecting the experience of the participant is collected. An explorative and investigative approach to interviewing was necessary, as was the researcher’s ability to be fully engaged and present in order to provide the possibility for the participant to be comfortable. Smith (et al., 2009) pointed out that these criteria and the intended sensitivity to the context might overlap in some ways, especially in the researchers’ attitude towards the process. Rigour might be described as meticulousness. It can be applied while selecting the sample according to the main research question. For example, for IPA the homogeneousness of the sample needs to be carefully considered.

Transparency and coherence seem to be the next broad principle. A careful, detailed, step-by-step description of the whole research process ensured transparency. The researcher was required to think carefully about every step of the research (the pilot interview, research question, participant recruitment, interview process, transcribing and analysing the data). All these steps needed to be clearly explained. Coherence as a criterion refers to the ability of the researcher to present the writing-up of the thesis in a logical, clear and professional way. It also highlights the importance of the researcher’s ability to provide a logical link between the data and the existing theoretical viewpoints.

The last principle relates to the *impact and importance* of the research. This principle questions how interesting and important the presented data is, and what impact the results might have on the field. This criterion is also addressed in the final chapter, in the evaluative section that describes possible implications of the findings.

4.9 Conclusion

This chapter has focused on the research procedure. The researcher has provided a description of every step applied in order to collect the data, which would be sufficient to provide data that answers the main research question. In this chapter the researcher described the way the interview questions were developed, and how they were re-formulated following the pilot interview. In addition to this, the recruitment procedure was described and the sample of participants was presented. A detailed presentation of the interview procedure was presented and the long and accurate procedure of the analysis was described. Also the researcher pointed out the criteria of assessing the quality of the qualitative data, following Yardley's (2000) ideas, which according to Smith (2007, 2009) are well suited to IPA. These criteria will be evaluated in relation to the present research in the final chapter where the choice of epistemology and methodology is acknowledged, as well as the researcher's use of personal reflexivity.

Chapter 5 Findings

This chapter presents the findings, which came about through analysing excerpts of interpretative narrative from participants' accounts. Before the meaning of each main theme and super-ordinate theme is described, the table of all themes is presented below in order to give the reader a chance to observe all the findings together. Following the analysis offered by Smith et al. (2009), the researcher has formulated themes which can be classified as "recurrent" (p. 107) and that are present in more than half of all the participant interviews. What determined this decision was the acknowledgment that the validity of the findings is more noteworthy if the themes draw from more than 50% of the participant interviews.

Table 2. Summary of themes

1. Characteristics of anomalous phenomena (AP)	2.Experience of the phenomenon	3.Way of making sense of and managing AP	4.Knowledge and experience
1.1. Persistence in therapy of some experiences that are difficult to name.	2.1.Uncertainty, confusion/ fear,	3.1 Supervision	4.1 Knowing is essential to feel safe
1.2 Something "in the between"	2.2 Anger, irritation, frustration	3.2 Name it and share with a client in the therapy	4.2 Knowledge may be an obstacle to experience
1.3 Link between AP and personal issues of CP	2.3 AP as an Indicator in therapeutic process -body language	3.3 Acknowledge the presence of experience and stay with it	4.3 CP develops different ways of knowing to understand AP
1.4 The experience that is inaccessible and unidentifiable	2.4 AP as an obstacle in therapeutic process	3.4 Developed acceptance and ability to let it go.	4.4 Theoretical knowing can replace the experience

Before every theme is explored closely, the researcher would like to share her own reflective account of the interview process and critically evaluate the procedure. The role of the interview

process is extremely important, due to the main research question, which allows counselling psychologists to make sense of experiences that cannot be understood in the therapeutic process. The researcher had assumed that the interview process would be more like an exploration of a personal experience by collecting specific narratives about the way a particular phenomenon is experienced. However, the first interview showed that the nature of the AP offers an opportunity to analyse both the content of what the participants were saying about the phenomenon, and the process of how the participants made sense of it during the course of the interview. The interview therefore was a time for reflexivity for the participants and also a place where anomalous phenomena might occur. A detailed analysis of the interview process helped the researcher to explore more deeply the way counselling psychologists experience and make sense of AP. An analysis of what was happening in the interview became a significant part of the present study because the interview was also a space in which these experiences could occur. The researcher paid equal attention to what was said as well as to how it was said. The process of interaction and the process of making sense of AP in the interview became the main focus of the analysis.

By being open to discussion about experiences that cannot be understood in the therapeutic process, the researcher unintentionally experienced AP during the interviews. Both the researcher and participant were able to stay with the experience in the room, and then explore it together. It was assumed that counselling psychologists are familiar with their own processes and the way different phenomena are experienced, and this would enable them to identify and to refer to similar or even the same experiences in the interview process.

In the middle of the first interview, while Participant 1 was exploring an experience of something he could not understand, he suddenly caught himself experiencing what he was trying to describe to me. He remained silent for a couple of seconds and then told me that he was

experiencing what we had been talking about there and then. After a period of time he was able to communicate his experience to me:

Participant 1: *“I’ve now become very (pause) de-skilled, I can’t think, I feel things, uhm, I haven’t, what am I feeling. I’m not feeling anything particularly distressing, but just (pause) I don’t really, I haven’t yet found words for what I’m feeling (pause) and then the tendency would be to try and find words rather than to sit with it (pause) and experience something, and somewhere in that is the key to what I’m saying, to have to be able to stay with a feeling of containment, and that feeling definitely has to do with anxiety, with security, (pause) yes.” (pause – 4 seconds).*

The above extract captures many issues that will be discussed later. What is important right now, however, is that the participant was not only describing a memory of how he experienced AP, but a similar experience of AP was also occurring in the process of the interview. This seemed to be occurring as a result of exploring AP in the interview. Perhaps the process of attempting to make sense of something that is beyond definition evokes the occurrence of such a phenomenon. This encouraged the researcher to be especially tentative, focused and observing of the experiences of the participants in the interview, in addition to their accounts of having experienced AP in the past.

The researcher will now begin to describe every theme from the table above. Every theme in the table is explained and supported by participant accounts. There will also be a description of how the interpretations were developed. A more detailed account of the interpretative process can be seen in Appendix 7, which provides the transcript of the first interview and the researcher’s phenomenological analysis.

5.1 Characteristics of anomalous phenomena

Although IPA is considered to be an interpretative method rather than a descriptive one, the importance of the descriptive element in the analysis is acknowledged by Smith (2006). The interview process did not focus on the phenomenon itself, rather on the way anomalous phenomena are experienced. However, because of the abstract nature of the phenomenon, the participant tended to try to be specific and offer more concrete examples of such experiences. It is very clear from the interviews that AP differs from person to person, posing something unique for each particular individual. However, the researcher was able to look across all the interviews and find some similarities between the different ways the phenomena tended to occur in the therapeutic process. In spite of the title of the first sub-theme, “characteristics of anomalous phenomena”, the researcher is aware that according to a phenomenological interpretative viewpoint, the phenomenon itself cannot be explored; it is always a phenomenon “as perceived” (Smith et al., 1995). This means that the focus is on the participants’ subjective experience, which IPA as a methodology is concerned with. Each theme shall now be discussed in turn.

5.1.1 The persistence of the phenomenon that is difficult to verbalise in therapy.

The first theme describes the finding that all participants underlined the continual existence of the phenomena that they could not understand in their clinical work. The way these phenomena were presented appeared to be difficult to describe in the interview. Many participants commented on the difficulty in verbalising these experiences.

Participant 1: “...which is that I feel that there are constantly phenomena that I don’t understand, uhm, that it’s very much within my role to make sense of them. [] it’s actually really quite difficult to find words, they’re absolutely brilliant the questions you’re asking

because it so needs to be thought about, it's this moment of really not having words, and swimming, I might say, or floating, not in a nice way."

The extract above illustrates how participant 1 acknowledges the existence of a phenomenon that he cannot understand. The participant notes that he cannot easily name these experiences. He is struggling, but at the same time he names his feelings during this struggle. His awareness of his own experience during the interview is explicitly demonstrated in the extract above. Moreover, he states his belief that these experiences are essential to examine: *"it so needs to be thought about"*. The lack of clarity and understanding around AP seems to be an issue for this participant, which is also illustrated by his attempt to highlight and address the importance of the question *"they are absolutely brilliant the question you are asking"*. Interestingly, the participant proposes a definition for the phenomena, which could be seen as a personal need for clarity in order to progress in the interview. *"Is it the moment of really not having words, and swimming, I might say or floating, not in a nice way"*. Moreover, it is important to note that the participant uses the expression 'I might say', which suggests his uncertainty about his understanding, and his desire to define the phenomena.

Participant 5: *"I'd say quite a lot of experience [that cannot be understood]. Uhm, the way I work, you know, the way I work is often, uhm, the unspoken word as well, what's going on underneath, and uhm, I'm just thinking..[] It's difficult to put this into words isn't it? (Laughs). What word is it? (Pause). A sense of, kind of knowing (pause) that (pause) I can work with this if I just hang in there" "It's there in the session, when I leave the session, it's there when I go to supervision it's there, and then trying to formulate that in words to put back, but not to uhm, just to be more aware and more conscious in the moment of what is actually happening"*

This extract supports the same theme. The participant speculates about a possible explanation for why these experiences occur by saying: *“the way I work is often, uhm, the unspoken word as well, what’s going on underneath”*. This reflects not just a constancy of such phenomena, but it also shows the phenomenon as something that the participant is facing in the therapeutic process. Moreover, this participant confidently identifies that there is more happening in a session, beyond the spoken word. On the other hand, uncertainty becomes apparent in the way the participant talks: *“and uhm, I’m just thinking..[] It’s difficult to put this into words isn’t it? (Laughs). What word is it? (Pause)*. The pauses, laughs and silences are a manifestation of the struggle and uneasiness the participant is experiencing in the interview. This supports the assumption made from the previous extract, which suggests that counselling psychologists attempt to verbalise AP due to difficulty in experiencing them.

Additionally, it is suggested that there might have been an underlying need or desire for this participant to identify and describe the phenomena in the interview. Perhaps the participant’s inability to clearly define the experience evokes a desire to manage it in some way. The attempt to define it seems to be an endeavour to handle the unpleasant feelings, in order to continue the interview with more clarity and certainty. The participant continues, *“and then trying to formulate that in words to put back, but not to uhm, just to be more aware and more conscious in the moment of what is actually happening.”* This extract illustrates a process which seems to be the opposite of what was said earlier. There is a struggle to find the right words and to formulate them. Thus there seems to be the need for him to conceptualise the experience in order to process the therapy. The researcher noticed that AP seemed to be occurring in the context of the interview as well as in accounts of participants’ client work, and this required attention.

Furthermore, the participant seems unclear about the reason why there is a need to describe AP. Immediately after the extract above; the participant presented a different interpretation,

acknowledging the insignificance of naming the phenomenon, and alternatively highlighting the importance of being more in the moment with the client. Such a contradictory attitude towards the experience might have evoked anxiety for the participant, which is present in the interview extract. The lack of certainty towards the phenomenon and a struggle to find a way of handling it seems to be something that counselling psychologists experience in the therapeutic process.

5.1.2 Something “in the between”

This theme illustrates how participants relate experiences such as AP to the interaction between themselves and their clients. Although the study focused on the experiences of counselling psychologists, the participants clearly described that their experiences do not exist in isolation from their clients.

Participant 1: “...you know I suppose out of the ordinary, not ordinary but what you would expect to come across, so I do think that on that level, that’s a very broad answer to your question which is yes, I do that constantly..... the level of feeling, on the level of connecting to someone emotionally via the therapeutic relationship and entering someone’s unique run of experience that will be an emotional...” .., is this about the phenomena that arise when I meet a new client and am asked to enter their emotional role and understand experience”

There are several important issues to note within the extract above. First, there is again an attempt to clarify those phenomena that cannot be understood in the therapeutic process. However this time participant 1 starts using something that he names “*that level*”, perhaps in order to locate the experience somewhere. Again, this might be interpreted as a need to clarify and locate such an experience. The difficulty that the participant faces seems to be rooted in an anxiety that emerges where there is uncertainty. A quick and clear explanation of this category is described in the extract: “*the level of feeling, on the level of connecting to someone emotionally via the therapeutic*

relationship and entering someone's unique run of experience that will be an emotional...". This draws our attention to the ability of the participant to try and identify the moment where AP occurs: *"the level"*. The participant seems to reach a state of greater certainty and stability when he categorises AP. For instance, this participant is able to explain that "this level" is where AP is located: in between him and his clients. This relates to the *"entering someone's unique run of experience"*. According to the extract, the phenomenon is felt to be present in the therapeutic process when a counselling psychologist experiences something previously unknown to them, for instance, entering the unique experience of the client. The participant stresses that meeting a new client and the new experience that this client brings evokes the occurrence of the phenomenon in the therapeutic process. This extract acknowledges something that is happening in the therapeutic space between a therapist and a client.

Participant 3: *"Well a lot of what happens in the communication between you and your client is not about the actual words being uttered. It's about what they mean, it's about what their function is, it's about non-verbal communication, it's about things that you can't really very explicitly pinpoint maybe directly but they do determine in interaction between you and the client."*

This extract describes how phenomena appear and when they exist for this participant. The participant seems to speak with certainty, locating the phenomena in the communication between the client and therapist. Moreover, the participant seems certain that a significant part of communication comprises non-verbal experiences. In addition to this, the certainty about the inability to name things is explicitly present in the account. What is really interesting in this extract is that the participant acknowledges these experiences: *"they (experiences) do determine (exist) in interaction between you and the client"*. The focus of exploration in the present study appears to be the communication between the therapist and client, and that there is something happening "in-

between”. Furthermore, the way this participant is describing their experiences is very clear and profound. There is no uncertainty or doubt. It seems that the participant had a strong opinion about such experiences, based on his experience in clinical practice.

5.1.3 Link between AP and personal issues of CP

To illustrate this theme the researcher will focus on one participant’s responses. By looking at the different extracts from one participant, a deep and detailed analysis can be carried out. Moreover, the extract demonstrates the process of reflexivity the participant went through in the interview.

Participant 2: *“I had told her a couple of sessions before, so we were both kind of prepared for it [something that afterwards the participant defines as the experience that cannot be understood]. So it wasn’t that I didn’t know what to say, because I got her to tell me, you know, uhm (pause), I think, I think it was empathic, I don’t think it, I don’t think I over-identified, but I was with her in the room as a little girl myself, uhm (pause – 7 seconds), I don’t I can’t remember, I mean, I used to get good hidings at home, and my father was a very unloving man, but he was nothing like that father, I mean. So (pause) I guess it was empathy, I think it was empathy and feeling incredibly vulnerable. I think that’s, that’s maybe what I didn’t understand, that I had empathised and identified with her about being a vulnerable child...”*

This extract illustrates how the counselling psychologist tried to make sense of the experience. The participant is clear that she was aware of what she was doing, and even prepared herself in advance. However the participant struggles to name what exactly happened, and most importantly, there is confusion within the participant. She used the theoretical concept *“I think it was empathic”* after she took some time to reflect on the experience. Perhaps she was trying to clarify and explain what kind of experience she had had. In spite of this, the participant still found it difficult to figure out what

had happened. Additionally, and supporting the previous theme, the participant acknowledged the presence of both therapist and client in the experience: *“but I was with her in the room as a little girl myself”*. This expression can be interpreted as her identifying with the client. However, the participant immediately stopped herself from saying any more, which seemed to evidence her reluctance to share her experience further. Alternatively, perhaps she was not clear about articulating her experience at that time. At this point, something stopped the participant from freely reflecting on her experiences.

After quite a long pause and some verbally expressed doubts *“I don’t know. I cannot remember, I mean I used to”*, the participant relates to what she had personally experienced. Again, we can observe her struggle when continuing to narrate her experience. Her struggle seems to relate to very personal deep issues. Moreover, it seems that the participant had never before looked at this situation from a personal perspective and had never related her childhood experience to her client’s experience. This seemed to generate a moment of insight for her in the interview. The next extract will demonstrate the reflective process that the participant verbalises at that moment. She clearly tries to make sense of her experience, but for some reason she has left this experience in the past without further reflection.

Participant 2. *“Maybe at the time I wasn’t aware of why I was empathic, uhm, because (pause), I mean I’m only thinking about it now, to be honest I never, I never gave it a thought that it could have been me the little child in there, uhm, (pause) because my dad didn’t, I just got hit, I didn’t get beaten, and certainly I never saw him do that to my brother, my brother was older so, it wasn’t the same, and so maybe that’s why I didn’t think about it, you know it might not have been the same kind of people, but the feelings are similar, aren’t they, but uhm, (pause)”*

This extract shows how personal issues might affect the way the counselling psychologist perceives and handles the phenomena in the therapeutic process. Interestingly, when the AP seem to touch on personal issues, the therapist might “block” the new experiences. Moreover, it seems from this account that the awareness of such an event may come much later, as the association between personal struggles and undefinable experiences in the therapeutic process may be overwhelming for the counselling psychologist. The next extract from the same participant’s interview continues to reflect on this issue, and confirms the interpretation of the researcher:

Participant 2: *“I was concerned it was vulnerability, her vulnerability, but of course what it really was my understanding of my own experience, I think as a wounded healer, because I do think I’ve dealt with it, but you know you can re-visit, and so you can understand, so I think maybe that’s also why I didn’t really bother to process it afterwards, it’s because it went well for her (slight laugh), you know, so I wasn’t going to look at mine.”*

5.1.4 Experience that is inaccessible and unidentifiable

In exploring experiences that cannot be understood, participants pointed out the existence of some experiences that seemed to be inaccessible for them. Sometimes these experiences were explored and understood, and sometimes these occurrences remained unidentifiable for the participants.

Participant 2: *“I understand now I was able to be empathic, it was an unconscious process on my side, in terms of my past (pause), I was dealing with her past, but there was something deep within me that I couldn’t identify. (Pause). That I was not aware of at the time, I just knew I was a bit scared, I felt like the little child in a way.”*

This extract represents how the participant is trying to make sense of an experience she had previously been unable to understand. Interestingly, through being reflexive in the interview, the participant attempted to make sense of such experiences. For instance, the participant started

remembering and perhaps acknowledging that there was something else happening in the interview beyond what was first apparent. Moreover, the extract suggests that some experiences remain unidentifiable for her, and possibly cannot be understood at all.

Participant 4: *“So he [supervisor] said to me, ‘listen (pause) the client doesn’t know what this means you don’t know what it means, why do you think I should know what it means? Just because I’m your supervisor’ so I said to him, ‘mmm that’s a very good point’...”*

This theme addresses the moment when the participant has remembered his supervisor’s response upon seeking an explanation from his supervisor for the phenomenon. The role of supervision will be explored further among themes (see page 81). However what seems to be important in the extract above is the attitude the supervisor demonstrated towards the struggle the participant was having in understanding his experience. The supervisor addressed the issue by not offering an explanation for the experience, and instead provided the space and opportunity for the participant to face the experience that needed to continue being unnamed, unknown and indefinable. This account confirms that there are some phenomena in the therapeutic process that the counselling psychologist experiences, but does not need to understand. Interestingly, the supervisor seems to be aware of the existence of such phenomena.

Presenting this theme, it seems to be appropriate to look at another issue that arose in almost all the interviews. Interestingly, the examples of client issues presented by the participants needs to be mentioned in order to understand how some experiences might be understood and others perhaps need to stay unidentifiable. The researcher explored the participants’ concerns when they described unanticipated client issues that occurred in their work. This continually arising phenomenon across all interviews lead the researcher to propose that perhaps, when the client’s issue is too complicated or evoked to many negative feelings within the counselling psychologist, the need to feel safe and

secure became dominant for the practitioners. This suggests that some phenomena that appear in the room need to stay unknown.

Participant 1 - the client with sexual abuse issues

Participant 2 - the client with emotional and physical abuse in childhood.

Participant 3- the client who experienced domestic violence

Participant 5- has been adopted with experiences of physical abuse issues

Participant 6- unidentifiable issues

Participant 7- client, who has been diagnosed with BPD (Borderline Personality Disorder)

Participant 8- client, who has been diagnosed with paedophilia, and a sexually abused client.

The difficulties the counselling psychologists faced when working with these presenting issues, encouraged the researcher to think about exploring this difficulty further. There is the possibility of linking the existence of the experiences that need to remain unidentifiable and the issues the client brings. This link is explored further and addressed in more detail in the next chapter (See page 108-109).

5.2 Experience of Anomalous phenomena

This theme describes the moments when counselling psychologists express feelings that occur, and when they face what is difficult for them to understand or make sense of in the therapeutic process. The range of different feelings that AP evokes and the reaction to such experiences is worth investigating more deeply, as the internal experience of a counselling psychologist is an essential part of the dynamic in the therapeutic process. Moreover, this section will elucidate the significance

of how counselling psychologists experience AP, and how it can be approached or addressed in the therapy.

5.2.1 Uncertainty, confusion, fear.

The most widely presented feelings among participants were confusion, fear, anxiety and uncertainty. This theme will illustrate this finding. The importance of describing these emotions cannot be overstated; as such a description may help us understand the nature of these phenomena and the way they might be managed.

Participant 2: *“...So that was really the situation in the room, and I was really very scared about it (pause) uhm, I, I didn’t know whether I had the right to really get her to experience that....., how can I do this, how can I convince her, that this works when I’ve never done it before,.... So I’m not sure who’s more scared by the little girl in that room (laughs), that it was me, or, or her., I suppose I was scared, uhm (pause) nervous, I wasn’t fearful, because that would be more intense, I was, I was nervous and scared and I felt vulnerable, exposed, for her really.”*

This extract demonstrates what participant 2 went through when AP occurred. The participant seemed to experience fear, vulnerability and exposure to something unknown. Again, we can witness the confusion: *“I didn’t know whether I had the right to really get her to experience that....., how can I do this”*. This experience appears to be novel to the participant, and thus the unknown plays a role here. Confusion, uncertainty and anxiety arise when something unusual and unfamiliar appears in the therapeutic process. The participant also demonstrates how she is able to cope with the anxiety and not to let herself be overwhelmed by it: *“I suppose I was scared, uhm (pause) nervous, I wasn’t fearful, because that would be more intense.”* Thus the responsibility for the client helped the therapist to be aware of her own experience and to manage her feelings in

order to process the therapeutic work. It's also worth paying attention to the comparison the participant is making: "*So I'm not sure who's more scared by the little girl in that room (laughs), that it was me, or, or her.*" This demonstrates the collaboration between the therapist and the client and that both equally participate in the process. The comparison may also expose the counselling psychologist's vulnerability. This extract illustrates the possibility of not being omnipotent while at the time not allowing oneself to be on the same level as the client:

Participant 5: "*I felt kind of like suffocation, I felt quite tight there, and I felt like there was no, there was no place for me, there was no, de-skilled in a way, a bit de-skilled..... It like feelings of uncertainty. Yeah, uhm (pause),..... little bit, not knowing how to, what kind of, treatment plan or what, what I could do with him. And there was a strong urge, just to get rid of him, so that urge just for me, just too much..... I thought, 'OK (deep breath in) what's going on here? I feel really bad for feeling like this, and I felt also quite sad.'*"

This extract also supports this theme by presenting participant 5's reflection on the feelings that arise for her in the therapeutic process when anomalous phenomena occur. The feelings in this extract are different from the previous extract, but confusion, fear and uncertainty are fully present in this account. The most significant words in this account are: "*de-skilled in a way, a bit de-skilled..... It's like feelings of uncertainty*". The feelings of being de-skilled arose repeatedly in the interviews. Uncertainty and novelty seem to characterise most experiences of AP. Moreover, the deep awareness and reflexivity of participant 5 helps highlight the types of feelings that uncertainty and unknowing evokes for her: "*And there was a strong urge, just to get rid of him, so that urge just for me, just too much...*". Unbearable feelings of uncertainty and being de-skilled provoke the need and wish to get rid of such experiences. This is a way of dealing with the experiences and perhaps a way of managing the unpleasant feelings. Interestingly, the way AP are experienced in the therapeutic process appears to be something that the counselling psychologist

would like to get rid of, so as to make the therapeutic process easier. There is a desire and urge to escape from such experiences.

5.2.2 Anger, irritation, frustration

Anger, irritation, frustration were another set of emotions that were classified into one category by the researcher, and which were continually presented in participant's accounts.

Participant 3: *“I might get irritated, irritated at myself that I think gosh, I don't know what to do now. But I am quite open to, transpire that and to be transparent about the fact that I don't know what this means, I can't make sense of this and to share the feeling of confusion really. Cos if I don't share it I notice that if I don't say, gosh, that's making me confused as well, I can't really understand this, then it might make me more irritable or, yeah, irritable.”*

The irritation and frustration described in this extract are a part of the experience that participant 3 had when AP appeared. These emotions as well as emotions identified in previous themes seem to lead the participant to the same state of confusion, not knowing what to do. It seems that by the participants saying they did not know what to do, this could suggest they had an unintentional wish to have some control by knowing exactly what to do. This desire for control may increase the intensity of feelings such as irritation and frustration that appear when the unknown occurs in therapy. Additionally, this extract illustrates how the counselling psychologist is dealing with her feelings: *“But I am quite open to, transpire that and to be transparent about the fact that I don't know what this means, I can't make sense”*. This participant does not express the desire to get rid of her feelings. On the contrary, she is able to stay with them and verbalise the fact that the feelings occur.

Ways of managing these experiences will be presented in following themes, but the different ways of dealing with such situations can already be seen from these two extracts. Additionally, this extract illustrates how the counselling psychologist is aware and clear about the way she perceives and copes with occurrences such as AP. It appears that the experience does not seem unfamiliar for this participant. She knows how it is for her to face these experiences and she talks about them with clarity.

5.2.3 Body language as an indicator of the presence of AP

Many of the participants acknowledged their awareness of their body in the therapy while AP occurred. Moreover, they indicated that sometimes their body appeared to be extremely helpful as it would provide them with the physical symptoms or signs that they were able to translate into meaningful occurrences:

Participant 2: *“I can remember because I felt anxious uhm, (pause) I mean I’m just trying to think about how my body alerted me, I mean I was just aware that I was anxious, so I guess maybe my pulse had gone a bit faster or, I think (pause – 4 seconds), like that bodily aware when it’s not too severe, I mean I think, if I’ve got anxiety that’s very high then I can feel it in my body, but I just knew I was anxious I was, yeah.”*

This extract describes how this counselling psychologist is aware of her body’s reaction to the anomalous phenomenon. It seems that her bodily awareness helped her to understand the level of anxiety she has experienced. The awareness of the body and the ability to listen to what the body experiences might mean, help in the process of recognising what is occurring in the ‘in-between’. Perhaps counselling psychologists who are able to be in touch with their own body language have an increased ability to recognise AP. The body’s reactions may appear before conscious awareness and realisation. The attuned focus on the body is a significant element in the experience of AP.

Participant 8: *“I probably would have straightened up, that gives me just that bit of a time to, and I, by straightening up you also change your posture towards the patient, so that you’re now taking it different. You know a posture has a different stance to it, er, you were sitting in a particular way as you’re talking to me, if you sat there like, you know, it would be a different, possibly a different atmosphere between us. So, you know, even that will play a part in my, you know, how you actually sit plays a part in the setting within the frame. And I know I would have shifted, er, in my yeah, how I sit. I might not have sat, and been quite so open. I might have shifted to get more of a, of a, of a, of a boundary between us.”*

This participant accords high importance to body language. The awareness of the body demonstrated by this participant significantly affects the therapeutic dynamic according to this extract: *“it would be a different, possibly a different atmosphere between us”*. Interestingly, the participant has shifted away from talking about the experiences in the therapeutic process; rather she refers to the dynamic between her and the researcher in the interview process. Such comment has been given perhaps to illustrate how aware of the researcher’s body and her body she is at that moment. Moreover, the close examination of every shift of her body seems to provide direction for the participant in working with the client. Again, this account indicates how the body can be useful in helping counselling psychologists acknowledge experiences that cannot be understood. Additionally this participant explicitly said: *“shifted to get more of a, of a, of a, of a boundary between us”*. The conversation about AP evokes something within this participant that needs to be located between and within the particular boundaries. Perhaps the idea of boundaries appears here as an indirect expression of a need to be safe and secure. The researcher interprets that the participant is suggesting that there are some experiences that need to be acknowledged, and whose acknowledgment requires a place of security and safety for both therapist and client.

5.2.4 AP is an obstacle in therapeutic process

This theme describes the role of AP in the therapy and how challenging and unexpected these experiences can seem for counselling psychologists.

Participant 6: *“So uhm, what, what I’m struggling with is, I don’t know the actual dynamic going on here, uhm, that is the obstacle. And she doesn’t either know or is willing to admit it either. So we can’t even talk about the process or the structure. So when we take a step back and say let’s look at the pattern that seems to be happening, uhm, I’m not getting that independent view of, ‘yeah I guess this is happening’. I’m getting some other stuff which again confuses me, and I go, ‘what, what is the relevance of that?’ So I listen a bit more, there’s no relevance (pause). So I go back, try and pick it up, there seems to be something else, and it seems like an endless thing, like that.”*

The extract above describes the struggle the counselling psychologist experiences when anomalous phenomena occur. The participant is not able to make sense of what is going on in the “dynamic”. The dynamic means the different processes that take place between a therapist and a client, including communication, feelings and unspoken processes. The participant describes the anomalous phenomenon as something that happens in the dynamic, and indicates that both participants in the therapeutic process need to be present to experience AP. Moreover, the dynamic comprises the notion of the relationship, even if the counselling psychologist cannot make sense of it, as is demonstrated above. The important issue in this extract is that for this participant such an experience is the obstacle to understanding and moving the therapy forward. He seems to express his irritation about the fact that he does not understand what is going on. By evoking unpleasant feelings, AP may hinder the therapeutic process, blocking the dynamic between a therapist and a client.

Participant 8: *“...well certainly there was something unusual going on for this woman. Very, very unusual. Uhm, and I could only sense that something was going on but I never got to what that was. And the feelings it left with me was, was this incredible unease, but also helplessness of course which is, er, you know, what we feel when we don’t reach a patient.”*

This quotation confirms the theme constructed from the description given by the participant who is sharing the feelings of AP in therapeutic process. The participant understands that there are some experiences that she cannot understand, but she also underlines that this can happen when: *“what we feel when we don’t reach a patient”*. Perhaps, the counselling psychologist experiences the therapeutic process as not being very successful. The counselling psychologist is left with unpleasant feelings, but what is most memorable for her is that the patient seems to remain ‘unreached’. The experiences that cannot be understood sometimes seem to be obstacles in the process, as they evoke various feelings that the therapist needs to manage effectively.

5.3. Way of making sense of and managing AP.

This section is dedicated to the ‘method’ that counselling psychologists have learnt or embraced throughout their practice to make sense of and manage experiences like AP. Although these ways of handling experiences are quite different, they appear to be learning outcomes of the clinical experience, rather than learning outcomes of the training, according to the participants’ accounts.

5.3.1 Supervision

It is difficult to over evaluate the role of supervision for the counselling psychologists in therapeutic process. Supervision often appears not only as a place to explore the therapeutic dynamic and the clients’ issues, but it is often the place for developing personal and professional understanding and

awareness. The researcher also would like to add that “supervision” as a theme was presented in all the interviews that were conducted, with what seemed to be a strong emphasis. What is interesting and significant for the present study is how supervision may be employed in order to understand unfamiliar occurrences, and what processes are significant for counselling psychologists.

Participant 4: *“...like I’m experiencing what the client experiences in description. So this image and I had to reflect and thought I need to take this to supervision although I’m a qualified psychologist myself and got many years’ experience, I want to take this to supervision because it can be tricky if you give the person an explanation then they might latch onto it”.*

The importance of supervision seems to be demonstrated in the present extract. The participant shared that in spite of his knowledge and experience in therapeutic practice, he felt like he needed some support from his supervisor in order to continue his therapeutic work. The participant said that he was aware of his possibly mistaken action towards the client: *“...if you give the person an explanation then they might latch onto it”*. This expression also seems to contain the fear the participant experienced. The counselling psychologist does not seem to wish to explain something to his client, or even perhaps to himself. He is careful with the way the client might relate to the explanation, which can be interpreted as uncertainty and fear of personal experience. There appears to be a need to share the responsibility with his supervisor.

The next extract, from a different participant, provides evidence for the interpretation about the necessity to share the responsibility with someone else, as confusion and lack of clarity creates uncertainty and anxiety within practitioners.

Participant 8: *“But I think what, you know, uhm what I have found tremendously valuable is actually to work in, in uhm, (pause) in a group setting so that there is, there, there is*

sharing..... The sharing of the responsibility uhm. Er (pause) by voicing something that has felt difficult uhm, uhm, (pause) you are alleviating the pressure that is going on within yourself, uhm and uhm, (pause) I think again by voicing it uhm, (pause) you're perhaps removing some of the drama around. Uhm, it's not as big as, as, as it originally felt, uhm, and that's helpful. Uhm, and I think that, on that score perhaps peer supervision has been the most valuable."

This extract raises many significant issues that need to be looked at more closely. First, the participant underlines the role of the supervisor: *"I have found tremendously valuable"*. The counselling psychologist acknowledges the importance of supervision. She found group supervision particularly helpful as a place to share responsibility with someone else. Second, sharing becomes a valuable process in supervision, which helps to: *"remove the drama"*. Consequently, the participant implicitly notes the existence of a drama around experiences such as AP, the struggle and the different range of feelings: confusion, irritation, fear and anxiety. All of these appeared to be *'in the drama'* for the counselling psychologist. The process of sharing this with the supervisor seems to be essential to manage the *"drama"*. Third, what the researcher found to be prominent is how the participant clearly expresses the role of vocalisation or naming the experience: *"by voicing something that has felt difficult uhm, uhm, (pause) you are alleviating the pressure that is going on within yourself"*. It is possible that the awareness of the process of verbalisation of AP is being acknowledged in this extract. Thus language here is seen as helpful capturing and containing feelings that threaten to overwhelm the therapist. According to this extract, it may be interpreted that by voicing an experience, the intensity of the feelings around the experience decrease and the participant is then able to contain them.

5.3.2 Acknowledge the presence and share it with the client.

The accounts presented below illustrate ways in which experiences such as AP are potentially handled, as broadly described by the participants. The acknowledgement of the existence of AP in the room and the possibility of sharing it with clients appeared to be one way of managing these difficult moments.

Participant 3: *“But I am quite open to, transpire that and to be transparent about the fact that I don’t know what this means, I can’t make sense of this and to share the feeling of confusion really. Cos if I don’t share it I notice that if I don’t say, gosh, that’s making me confused as well, I can’t really understand this, then it might make me more irritable or, yeah, irritable I guess you’d say is the word.”*

Interviewer: *So you prefer to share it with the client?*

Participant 3: *Yes, yes, I also see that it works a lot better with clients because then you have a shared problem, right? Otherwise I think clients will feel, will notice that you’re struggling with something so it’s something that I think is important to be fairly open about.”*

This extract from interview 3 illuminates how this counselling psychologist manages an experience she cannot make sense of in the therapeutic process. It seems that she developed some kind of “technique” by which to communicate her confusion to the client. By applying this way of dealing with experiences she shares the responsibility with the client and adds something to the dynamic between them: now they both have something in common. This might have some impact on the relationship and on the power dynamic between therapist and client. Thus, one of the possible ways of making sense of the AP is to verbalise that something has happened; the experience is named and then explored together with a client.

There are different ways of looking at such a process. Perhaps the counselling psychologist found it too hard to stay with the experience due to the unbearable feelings it evokes. Therefore vocalisation once more becomes a helpful tactic to apply for the therapist. However, the counselling psychologist has not only made it clear that something had happened in the therapeutic process, but also offers the client a possibility to stay with it and talk through it. So, in a way, she includes the occurrences in the dynamic between them, which might either block the therapeutic dynamic or alternatively facilitate the process between them.

Participant 4: *“...which is pretty serious, potentially difficult material to manage, and the client doesn’t know, and my style is usually to put it back to them and they will usually say something to me, and in this case the client didn’t give me that feedback... and because I wanted to take it to supervision and because the session was being diverted to something else the person was talking about if you like, I was saved, if you put it I was saved from having to, having to uhm give an interpretation or give an understanding....”*

This extract also supports one of the ways of making sense of the experiences. The counselling psychologist developed a way to share experiences with the clients: *“...my style is usually to put it back to them”*. This “style” seems to be something the counselling psychologist embraces and uses in an automatic way. However, also this extract shows how AP might change her “usual style”. The counselling psychologist seemed to be surprised that the client did not respond to him when he shared his experience, and therefore was left with even more confusion and anxiety. The fact that he mentioned “supervision” as a safe place supports this interpretation. Moreover, the participant continues by saying: *“I was saved, if you put it I was saved from having to, having to uhm give an interpretation or give an understanding.”* This relates to the anxiety the counselling psychologist experiences while anomalous phenomena occur. The inability to understand and interpret what had

happened determined “the usual style” of the counselling psychologist and “*putting it back to them*” appeared unhelpful.

From these two extracts it might be seen that this way of managing AP could be controversial. Perhaps it depends on the ability of the counselling psychologist to handle the anxiety and other feelings that AP evoke. The feelings of security, safety and perhaps confidence seem to be essential for the experience to be explored together in service of understanding.

5.3.3 Not name it and stay with it

The accounts presented below illustrate different ways of handling experiences such as AP. These ways were widely represented among the participants. The ability to stay with some experiences without vocalising them seems to play a significant role when experiences that cannot be understood appear in the therapeutic process.

Participant 3: “*You might be able to make sense of things and still see that things are not really working out...*”

Participant 3 suggests above that sometimes understanding and clarity towards unidentifiable experiences does not guarantee a positive impact on the therapeutic process. The acknowledgment of such an idea is essential, as it gives a different perspective on experiences such as AP. It is possible that the counselling psychologist does not need to make sense of all AP; perhaps the acknowledgment of the existence of such experiences is enough for the therapeutic process. Keeping this possibility in mind is important as it is also one way of making sense of it. For instance, to *not* make sense of the experience is one way of understanding and managing it.

Participant 5: “*...(pause) so a lot of different feelings are going on here, and uhm, but my experience is trusting that I don’t really need to know right now, I don’t really need to know*

what (pause), how to (pause), just er, it's difficult again to explain, being in the session, if I again, letting go. If I'm just with her, and trusting (pause) and really listening to what she's saying and really trusting my process....., the more I can trust myself that (pause) whatever's going on in the therapeutic process is something that well (pause), if I don't try to understand it too quick, will evolve. It normally does, it normally does."

This account supports the theme about not naming the experiences and just staying with them. Interestingly, this participant verbalises what is her own experience and how she finds it useful just to be with a client and not try to quickly understand and make sense of what is going on. There are several important aspects in this extract. The fact that the participant relies on her experience by reflecting on this process: *"...and uhm, but my experience is trusting that I don't really need to know right now."* Secondly, the counselling psychologist implies that she believes that eventually it might be useful to know or to understand AP. She shares in the interview that in her perspective, time will play a role in facilitating the process of understanding, with which she should not interfere. It relates to the previous theme about the anxiety counselling psychologists' experience, which may be a trigger to vocalise and make sense of AP. This extract demonstrates that if the counselling psychologist is able to stay with and bear difficult feelings (e.g. anxiety), the process of making sense and understanding will come: *"...if I don't try to understand it too quick, will evolve. It normally does, it normally does"*.

The other important aspect of the extract is to acknowledge what the counselling psychologist said about trust: *"...the more I can trust myself that (pause) whatever's going on in the therapeutic process is something that well"*. 'Trusting herself' sounds quite unclear, which make it difficult to understand exactly what the participant meant. It seems to be a subjective personal experience. However, what is important is that the counselling psychologist relies on the experience and something within herself. In addition, the researcher will explore the relationship between different

ways of knowing while making sense of AP. However, already it can be noted how the themes are interrelated. The feelings that occur, ways of managing and making sense of them and what informs this, all appear to relate to each other in some way.

5.3.4 Developed acceptance and ability to let it go.

This theme focuses on the ability of the counselling psychologist to accept the existence of experiences like AP and let them go. These accounts show how the participants express these ideas, how they make sense of the process by which they came to such an understanding, as well as what obstacles they experience.

Participant 8: *“(Breathes in heavily). Well I think (pause) there are many we don’t necessarily have answers to uhm, and I think we have to accept there are things that we don’t (pause) understand. We’re not omnipotent, we’re not uhm, also we’re certainly fallible in the work we’re doing. Uhm, so there will be times we don’t understand some experience uhm. At other times I think when I’m in a room with somebody and something is going on which I can’t name, it’s quite valuable to just sit with it. So there will be experience which do not necessarily uhm, (breathes in and out heavily) er, trigger any fear uhm in me. But it may be that I don’t understand. Uhm, and of course in, in, in our work we don’t understand things uhm.”*

The extract above demonstrates how participant 8 expresses her own understanding of the role of AP in the therapy. She acknowledges the fact that the therapeutic process comprises many different experiences that cannot be understood. Moreover, she suggests that counselling psychologists must develop an acceptance towards such occurrences. The argument is: *“We’re not omnipotent, we’re not uhm, also we’re certainly fallible in the work we’re doing”*. This statement proposes that therapists or counselling psychologists should not expect to know everything.

Perhaps the personal struggle of this participant is seen here, and her indirect wish to be the perfect therapist. It is likely that occurrences like AP have an impact on the professional's self-confidence and self-evaluation. The participant seems to have the experience of being disappointed in herself at some level. This allows her to assimilate the idea of *"not being omnipotent as a counselling psychologist"* and to develop the ability to tolerate possible failure. Interestingly, this seems to be a basis for the counselling psychologist to acknowledge that: *"there will be times we don't understand some experience"*. For the participant, this happens at unusual *"times"* or when something occurs with which she is not familiar. She is calm and clear about these experiences, and certain about the role these experiences have in the therapeutic process: *"...something is going on which I can't name, it's quite valuable to just sit with it"*.

This also relates to the previous theme, where it was stated that one of the ways of making sense of AP is to stay with them, without trying to name the experience. The participant repeats the same statement twice, as if with absolute certainty. This may be interpreted as the participant trying to argue and even prove that her understanding is valid. Perhaps it relates to her previous experience of not being a perfect therapist, and a desire to demonstrate she is someone who is able to acknowledge, understand, make sense of and accept AP. Moreover, the counselling psychologist refers in the last sentence to: *"our work"*. She shifts from sharing her own experience and understanding to generalising about counselling psychologists, perhaps including the researcher as well. Participation in the community and the implicit wish to be part of something demonstrates the anxiety of being alone in a particular way of understanding. Moreover, the anxiety here can be seen through the shift from describing her personal and subjective experience to something she has in common with other counselling psychologists.

Participant 4: *"...maybe uhm, you and your client like the rest of us, have difficulty in accepting uncertainty, that there's some things we don't know about and that we should be*

comfortable, although we're, the, the event itself is very uncomfortable, maybe we should be comfortable or be, made to feel comfortable that it's OK that there's something that's unknown that might have a negative consequence, '. So I thought, hey that's great! I know what I'll do in the next session I'll say exactly the same. Because why should I be super therapist."

This extract, which shows a similar use of language about counselling psychologists as the supervisor's, supports the previous extract. The supervisor suggested to the counselling psychologist a particular way of relating to experiences like AP. He acknowledged the existence of them and the difficult feelings they provoke. Moreover, the supervisor identified possible negative consequences, which it is worth looking at: *"Unknown that might have negative consequence."* This worry or fear of what the unknown brings evokes the possibility of something negative for the therapist. For some reason the supervisor did not mention the positive consequences, rather he suggested to the participant to be aware of the potential negative moments, but not to avoid experiencing them. Furthermore, this extract also underlines the issue the researcher has described above: *'Because why should I be super therapist'*. This seems to be the main conclusion that the counselling psychologist made after listening to the supervisor. It associated with the fact that by allowing him to experience AP, the therapist is able to stop being perfect. Moreover, not making sense of AP and just staying with the experience might also provide the possibility for a therapist not to be perfect. It seems that there is a belief that professionals should know what is going on and be clear about the therapeutic process. The acknowledgment of the presence of AP can automatically place the counselling psychologist within the role of not being perfect.

5.4 A relationship between knowledge and experience.

This section presents how theoretical or personal knowledge affects the way counselling psychologists experience AP in therapy, and what impact this has on the way participants make sense of their experiences. Moreover, this theme describes how these two aspects in the therapeutic process interrelate, and how they are approached in the interview process.

5.4.1 Knowledge is essential to feel safe.

Knowledge is a very broad concept which might be differently defined and addressed depending on the context. The following extracts will not support each other in terms of how knowledge is defined; rather they will represent different ways of understanding knowledge. What is important is that all these ways seem to be vital in the occurrence, experience and management of AP.

Participant 1: *“I don’t know how, yeah, how other people relate to it or how you relate to it but it’s uhm, it’s interesting to come to the point of exploring the ability to be soft and receptive (in order to allow himself to experience AP), uhm, to me it’s still dependent on (pause) knowing that I’m safe on some level, and connected to some level of inner strength that allows me to be soft.”*

The first extract relates to a part of knowledge that might be regarded as conceptualising an awareness of feelings: *“...to me it’s still dependent on (pause) knowing that I’m safe on some level”*. The participant describes his ability to allow himself to experience AP when he is safe and soft. There is a link between being open to the new unusual experiences and being safe. In order to perceive and stay with something that might evoke uncomfortable feelings, the participant needs to be safe. Interestingly, he does not refer to feelings of security, rather to knowing that he is safe. This way of knowing seems to be essential for the participant. This is based on his inner feelings, his

inner state, his psychological mood in the moment and his ability to be aware of what is going on internally.

Later on the researcher refers to this way of knowing as “core-knowledge” that springs from feelings and intuition (see theme 5.4.3).

Participant 2: *“But that’s what, I just didn’t understand what was going on in the group but it made me feel very anxious, I did get a bit annoyed at one point with him particularly, because he sort of turned on me and he said ‘why are all these people...’ but I mean, I realised, you know, I’ve got more idea now to know that it’s about his anger, that I’m picking up, but er, it is difficult to manage. But didn’t understand what it was about until I went to read the notes afterwards.”*

The second extract shows that the counselling psychologist desires knowledge in order to make sense of AP. She refers to “*read[ing] the notes*”. This informative part of knowledge seems to decrease uncomfortable feelings she experiences, facing anomalous phenomena. Interestingly, the participant also uses the word “realised”. She relates the realisation about the experiences to the knowledge she has. In this context it seems that knowledge (or information) can help manage the therapist’s personal feelings, if this information makes sense and helps to conceptualise the experience. For the participant AP remains undefinable until she integrates the information from the notes and makes sense of what had happened. Consequently, ‘informative knowledge’ appears to be helpful in making sense of AP and managing the feelings around them.

Participant 3: *“So I mean if you’re talking about making sense, trying to make sense of things, if you want to make sense of things you have to have I do think models and theories to order what you’re seeing.”*

The last quotation illustrates how the counselling psychologist relies on theoretical knowledge in order to make sense of her experience. The strong belief in theories providing meaning can be seen through this example: “...*things you have to have I do think models and theories*”.

The researcher will now present how counselling psychologists use theoretical concepts to make sense of the experiences. However, this example provides an explanation of such knowledge. The three examples above provide an illustration of how knowledge could be addressed differently. They also show how different ways of knowing play an enormous role in the ability of the counselling psychologist to make sense of experiences that cannot be understood.

5.4.2 Knowledge may be an obstacle to experience

This theme focuses on the other implication knowledge might have for counselling psychologists when occurrences like AP appear in therapy. It seems to be important to look at different aspects of the role of knowledge in therapy, as well as looking at different ways of knowledge that counselling psychologists describe (three ways of knowing were proposed by the researcher in previous theme).

Participant 1: “*I’ve come across people who have been sexually abused and who er, in later life have experience of psychological difficulties based on this experience perhaps in childhood. Uhm, so on one level you could say I know about that, that’s nothing new, but that would be invalidating the unique experience of that individual.*”

The example from the interview with the first participant presented above describes how having certainty in the ability to know may invalidate the unique experience of the client. Consequently it may be an obstacle to experience some phenomena in the therapeutic process. Perhaps the participant is arguing about the presumptions that therapists can have, having had experience working with clients with similar issues. The role of clinical experience (numbers of years) can be

identified in the theme as something that might be an obstacle for understanding new, unfamiliar experiences in therapeutic process. The participant implicitly proposes that only those who are open and able to stay within the unknown can truly understand the other's unique experience.

Participant 3: *“I would say that’s something that the therapist will do, has done wrongly, not listen well enough and I think this is something that’s a bit tricky when you have lots of experience. It’s a pitfall I think that might happen when you have more experience that you’re ahead of your patient or your client. You’re ahead of them . So you already sort of think that, oh, they’re going to say this and this and this and that, and then I’m going to stick them in this and this and this box and then we’re going to do this and this and this intervention and then this and this is the way that they’re going to get better. But if you’re ahead of them, then you’re not in the room with them anymore, and then they won’t follow you and then you miss what’s actually... I think I did that with that...”*

This extract relates to what has been said above but in a much more explicit way. Participant 3 is able to deeply reflect on her understanding and actions. She explains clearly: *“that’s a bit tricky when you have lots of experience”*. For her, experience in clinical practice seems to be something that plays a negative role in the therapeutic process. From her perspective the experienced therapist is less attuned to the client and here the participant finds it to be an obstacle. Interestingly, talking about experience, it seems for the researcher that what both participants were referring to was ‘the knowledge that comes from their own experiences’. Perhaps the routine of the process becomes an implicit impediment for new experiences to occur. Furthermore the participant shared: *“...then I’m going to stick them in this and this and this box and then we’re going to do this and this and this intervention and then this and this is the way that they’re going to get better”*. This can be interpreted as knowledge of a specific technique or even theoretical models that counselling

psychologists follow. Thus, knowing how to work or having presumptions about the therapeutic process also may be seen as a disadvantage when experiencing AP.

Theoretical knowledge plus knowledge that comes from experience of clinical practice prevents the therapist from looking beyond existing concepts. This might affect the therapeutic process by not allowing the therapist to be open to new experiences. Moreover, this extract also focuses on the ability to be present in the moment with the client and not to predict what might happen: *“But if you’re ahead of them, then you’re not in the room with them anymore, and then they won’t follow you and then you miss what’s actually”*. The idea about being in the moment with the client has already been presented and discussed. The idea that there is a need for the counselling psychologist to allow him or herself to be in the moment rather than know what to do appeared to constantly present itself in the present research.

This theme (5.4.2) demonstrates how some ways of knowing can be a serious barrier for AP to occur and/or to be experienced. Also these extracts underline the role of experience in clinical practice which has its own impact on knowledge and ways of working.

5.4.3 CP develops different ways of knowing to understand AP

It has already been shown that knowledge might be another obstacle to experiencing and making sense of anomalous phenomena. What also has been addressed is that knowledge can be diverse and participants refer to different ways of knowing or different types of knowledge. However, the researcher noted that many participants were referring to a particular way of knowing, especially when they started to reflect deeply on how they know and how they allow themselves to experience occurrences such as AP. The researcher already identified (see theme 5.4.1) what she refers to in this study as ‘core-knowledge’. This is now expanded and some extracts are presented which propose the importance of this way of knowing for the participants.

Participant 1: *“I think (pause) maybe to round it up, what I feel to be true, whether it’s therapy, whether it’s life, whether it’s relationships, whether it’s dancing, whatever I do, I uhm, that I come back to a feeling of centeredness that allows me to go back out, if you want into the world, into the therapy room or onto the stage or onto the ballroom, that I come back to, almost a spiritual dimension, in that, in terms of a re-connecting, but I don’t go to church to do that, once a week. But you think of it as sort of re-connecting to sort of base you know, plugging into a core strength that I suppose some people would call God. It’s in me.”*

The extract above illustrates the way the participant relies on himself when it comes to being aware and understanding the unknown in the therapeutic process. He does not seem uncertain whilst talking about this connection. It seems to be a very personal and subjective understanding of something that exists within the professional. It does not depend upon a place and a context. The participant tries to find different ways to name something that he relies on and it appears to be in spiritual dimension. Interestingly, the counselling psychologist does not apply any existing theoretical concepts to define this experience. He proposes the idea of unique centeredness that exists within him which helps him to know, to recognise, to understand and go back to a ‘core strength’. Also this extract comprises the understanding of power within the therapist *“plugging into core strength”*. This relates again to the safety and security that has been mentioned previously. It seems like reflexivity, spirituality, and the ability to be in touch with one’s own centeredness play a bigger role in the understanding of AP than the intellectual ability to recognise and to know.

The next extract supports what the previous quotation demonstrates. However, participant 2 names this as an “intuitive level”. It can be seen from the account that by reflecting on her own words and

feelings in the process of the interview, she comes by the end of the quote to the same conclusion about it being on a spiritual level. She also locates “this level” within herself.

Participant 2: *“On a kind of an Intuitive level. It’s kind of uhm, they know when they feel safe, they know when someone can really hear where they are, they know when, uhm, (pause) they. I am coming from that place, and that’s not always, doesn’t always happen, but I always return to that place, the calm centered, place I might fly off from there, and I think for me also there’s my own spirituality which I think impacts my work as well, uhm, that I come back and I do, leave that as well as having my professional skills I’m also, uhm, part of the healing profession, on a spiritual level as well.”*

5.4.4 Theoretical knowledge can replace the experience

This is the most difficult theme to present as it reflects the way counselling psychologists make sense of the anomalous phenomena. The fascinating aspect of the present theme is that it is based on careful exploration of the linguistic discourse that was used in the interview. The next extract will demonstrate how the participant was almost prepared to talk about a specific theoretical concept. The extract has been selected from the beginning of the interview, before the participant started to reflect and answer the questions. However they had already agreed to participate. This means that by reading the advert the participant had thought of ideas and made assumptions about the content of the conversation. Surprisingly, a theoretical concept that appeared here is a good example of how theoretical knowledge might replace the experience of the participant, and how easily theoretical ideas might be assimilated by the professional.

Participant 2: *“I think it can be, because it’s about countertransference I guess, but the first one really was a client who uhm, was uhm, Czech, from the Czech Republic, and uhm*

she had been very badly physically and emotionally abused as a child,.... I've just been doing a thing on countertransference and there's something about us being in the rescuing role."

The next extract demonstrates how a participant is able to describe their personal experience. It also illuminates how the counselling psychologist applied theoretical language in order to capture the experience and name it. Interestingly, the participant firstly refers to himself, by saying: *"I will describe it"*, which means that he had embraced these theoretical concepts and even described his own experiences using the terminology. Afterwards, he proposes to acknowledge the name of the author of the theory, and part of the author's theoretical explanation, to address his own experience. Subsequently, one way of making sense of the anomalous phenomena is to accumulate these experiences into an existing theoretical concept.

Participant 7: *"A feeling of fullness, a feeling of expansion, a feeling of, yes, this is more like it, that sort of feeling; yes, this is good; this is what therapy should be like, a kind of exchange of feelings and thoughts and what have you at a different level from the usual and I will describe it as a subtle level of experience. I don't know whether you're familiar with the term "subtle level." It comes out of Ken Wilbur's ideas on spiritual development which I thought very useful."*

The researcher would like to underline that all the participants applied theoretical knowledge and language in making sense of AP. This also means that theoretical knowledge is important in providing security and certainty whilst facing and exploring such occurrences. Moreover, what the researcher found fascinating is that all the participants used theoretical terminology less and less by the end of the interview. They started using everyday language to describe their experiences and to make sense of what had happened. Consequently, instead of requiring theoretical language to make sense of subjective professional and personal experience, according to the participants' accounts what is needed is deeper reflexivity.

5.5 Summary

This chapter was dedicated to the close exploration of each theme that emerged through the analysis of eight interviews, as presented in Table 2 at the beginning of this chapter. The four main themes and sixteen super-ordinate themes were presented. Each underlines different aspects of the way anomalous phenomena are experienced and the role of such occurrences in the therapeutic process. The researcher represents in this chapter the accounts of all participants in order to present the whole group and give each participant a voice in this study. However, the researcher is aware that this way of presenting the data makes it impossible to follow one narrative account and understand how the experience of one participant might be reflected in every theme that emerged. In order to compensate for this, the whole transcript of the first interview is presented in appendix 7.

The first main theme describes the way AP occur and exist in the therapeutic space for the counselling psychologist. Additionally, it emphasises aspects of the phenomena that relate to the way the occurrences are experienced. The persistence of difficulties in verbalisation supports the idea of the presence of the phenomena beyond the linguistic system and explains the struggles participants noted during the interview process. The fact that the phenomena appear “in between a therapist and a client” relates to the importance of the therapeutic dynamic and therapeutic relationship, which will be discussed later. The unanticipated feature of the current research, which correlates with the counselling psychologists’ personal issues, is the role of personal awareness of the counselling psychologists and the difficulties they face in the therapeutic process. Furthermore, participants acknowledged the existence of unidentifiable experiences needing to remain unidentifiable.

The second main theme focused on the way counselling psychologists perceive the phenomena. The variety of different feelings existing in the interviews allows the researcher to

classify different groups of feelings. The participants' anxiety, fear, confusion shows how uncertainty in the therapeutic process might affect counselling psychologists. Moreover, the fact that phenomena occur may be very worrying and evoke irritation and frustration. The inability of therapists to understand some occurrences relates to feelings of powerlessness and lack of confidence. The idea of not being a good enough therapist was also presented in these themes. However, all the feelings that appear in the therapeutic space could be explored differently. Anomalous phenomena seem to be an obstacle for some therapists as well as an indicator of some specific dynamics for others. Consequently, all these draw the attention to the role of the phenomena, and stimulate the need to explore it further.

The third main theme was the most expanded as it reflects the main research question. The majority of narrative in the interviews focused on this topic. Fundamentally important ways of making sense of the phenomena and the ways of managing them were explored. This theme also acknowledged the significant role of naming the experience of AP, and the ability to share it. Most of the participants seemed to think it was crucial to acknowledge AP in order to contain the unpleasant feelings it evoked. It was noted that participants strongly emphasised supervision as the place of sharing not only the event but also the responsibility for it. Moreover, a significant proportion of participants underlined that there is something to learn from not naming these phenomena, but rather staying in the moment when the phenomena occurred. It was also acknowledged that participants accepted that this was as a result of clinical experience and admitting to not being an omnipotent therapist.

The last but not least significant main theme for the present research explored how different ways of knowing and professional experience interrelate while counselling psychologists try to make sense of phenomena that cannot be understood in the therapeutic process. The use of theoretical language was explored, as well as how 'core-knowledge' affects the way counselling

psychologists make sense of the phenomena. Additionally this theme focuses on the vital and simultaneously dangerous role of theoretical knowledge in relation to the therapeutic process. The question of what informs counselling psychologists in their practice and what kind of knowledge they mainly rely upon was presented.

In the next chapter the researcher will endeavour to place the presented findings in a larger context, by addressing how they interrelate with each other and what the findings might mean. The author will also demonstrate how the findings relate to existing literature and what implications they might have for counselling psychology.

Chapter 6 Discussion

6.1. Overview

This chapter seeks to evaluate the findings of the research and acknowledge how they resonate with the existing literature. The present chapter is divided into three parts. The first part will demonstrate the development of the notion of anomalous phenomena (AP) through the research and how counselling psychologists make sense of the experiences that they cannot understand. The second part will illustrate how counselling psychologists address these experiences within the therapeutic process. The final task is to formulate the role of such experiences and summarise the findings.

According to the interpretative nature of the research and the epistemological viewpoint that the researcher has adopted, the following section will provide only one of the numerous ways that the findings might be summarised and located within the field of counselling psychology. Moreover, the researcher believes in the relational attitude towards the results that illuminates the existence of the variety possibilities and uncertainty in relation to the findings. This means that the researcher is not claiming the truth and certainty of her interpretation of the results; rather, the author presents different contextual ways of making sense of the results, as she acknowledges the existence of other possibilities in relation to the context. Saying it differently not only another researcher might make sense of the present findings differently, but the researcher of the present study may advance different views of the results under dissimilar circumstances.

6.2 How do counselling psychologists make sense of the experiences they cannot understand?

At the beginning of the thesis the researcher formulated the definition of what she calls an “anomalous phenomenon”. In spite of the awareness of the possible risk that this definition might

lead to some limitations in the research, the definition was made. However, in order to minimise the possible effect of this pre-defined concept onto the participants, the researcher never mentioned to them the definition of “anomalous phenomenon”. The aim was to allow participants to explore the experiences that they could not understand or those which they found difficult to understand, with more freedom. And yet, interestingly, the participants described various phenomena that could be located under the pre-defined umbrella of the term anomalous phenomena. However, what seems to be a more appropriate focus is how the phenomenon might be re-defined or de-constructed after the analysis of the participants’ accounts was completed. Making use of a phenomenological-interpretative methodological approach, the researcher maintained that phenomena cannot be explored in isolation: they are inevitably described according to the way they are perceived. This means that definition is based on experience because the phenomenon cannot be perceived, explored and described as isolated objects from a human’s conscious perception.

The initial definition, as constructed by the researcher, was: *an anomalous phenomenon is an experience that emerges in the therapeutic process that cannot be initially understood by the therapist. The therapist could experience this phenomenon through personal sensations, his or her body, and emotions. This experience might be the therapist’s reaction to what a client brings, or an emotion which is felt in the therapeutic room, affecting the therapeutic process. These anomalous experiences also could be generated within the therapist in the therapeutic process or between the members of the therapeutic dyad as they relate to each other.*

While exploring the experiences that cannot be understood by interpreting the participants’ experiences what can be clearly seen is the acknowledgment of the difficulty in verbalisation and articulation of those experiences. Moreover, these experiences appear to be quite persistent in therapy. This evokes a question of a possible link between the ability to conceptualise the experiences and the process of understanding of them. This suggests that there are some phenomena

in the therapeutic process which counselling psychologists struggle to understand, perhaps as a result of attempting to articulate them. A question which arose is: can these experiences ever be conceptualised, and is there a need to verbalise all the experiences that are hard to understand? Boud (1993) postulates that in the experiencing of phenomena there will always be some aspects that are beyond knowing, and therefore impossible to make sense of. Moreover, the Levinasian concept of 'higher side' which is experienced yet exists beyond entirely any sufficient articulation within the category of being (Clegg & Slife, 2005), also seems to relate to the experiences that cannot be verbalised in the therapeutic process. Thus, the findings advocate that there are some experiences prior to the verbalisation process, hence language might be seen a tool to name some phenomena, but not as the mechanism through which all existing experience is mediated.

All the participants declared that experiences like these appear in the therapeutic process between a therapist and a client. One participant called them "dynamic", while others named them "relational". Interestingly, the literature suggests that counselling psychology constantly aspires to focus on experiences that happen between a therapist and a client. Concepts like "therapeutic alliance", "therapeutic relationship" and the "third space" all seem to relate to the idea of "the in-between". Modern psychoanalysis has advanced a relational account between the subject and the world (Crossley, 1996; Orange, Atwood & Storolow, 2001; Stern, 2004). This is optimised in Storolow and Atwood (1992) concept of "intersubjectivity" which illuminates the importance of the interaction between therapist and client and the role of what is happening in "the in-between". Additionally, postmodern and critical approaches towards therapeutic process acknowledge the significance of the contextual framework and view human beings as products of their constant interactions within the world (Milton, 2010).

As anticipated, counselling psychologists with ten or more years of clinical experience acknowledged the significance of the connection between them and their clients, and emphasised

the importance of the relationship. The participants' acknowledgement of the presence of AP in the therapeutic space between therapist and client resonates with Levinas's idea of "relational way to the Other". The higher side is something that occurs in relation to the Other, and only in this interaction is there a possibility for relational knowledge to occur. Milton (2010) underlines that counselling psychology has embraced the relational stance, which focuses on the space "in between" in the therapeutic process. This resonates with Heidegger's (1962) ideas of *Dasein*: of "being in the world with the other". This relational approach upon which counselling psychology is based, underlines that nothing exists in isolation as a separate entity, and others cannot be explored without taking into account the surrounding context of other subjects.

The emphases on the role of "the in between" raises the question of how a relational approach towards the therapeutic process finds its place in clinical practice, for instance, how counselling psychologists are able to conceptualise what the therapeutic relationship brings to their practice, regardless of their theoretical approach. Recent evidence-based researches into what known as "common factors" show what matters in the therapeutic process, and what is validated by clients themselves is the relationship. And it is both participants of the process (the therapist and the client) who establish and maintain these relationships (Asay & Lambert, 2004; Duncan, Mille, & Sparks, 2004). These studies have shown that clinical techniques or methods account for just 15% of successful therapeutic outcomes, while the therapeutic relationship itself is said to account for 75%.

The findings of the present study describe how counselling psychologists experience AP. The feelings that appear for them and the meaning these experiences had in the therapeutic process were explored in the interviews. Despite the difference between each participants' description of AP, the way they seemed to experience them did have some similarities. This offered an opportunity to make sense of the experiences and the role of such experiences within the therapeutic

process. All participants underlined the uncomfortable and unpleasant feelings that unfamiliar experiences induced, due to their inability to understand or to make sense of them. In this study, anxiety and fear seem to be the most common feelings presented by participants in their interviews. It is not a new idea that anxiety is a reaction to such uncertainty. Anxiety as a concept has very diverse definitions in both psychological and philosophical disciplines. The researcher argues that in relation to uncertainty, it is worth looking at anxiety from a phenomenological–existential perspective. “Existential anxiety is something essential to the self, not something we have but something we are,” (Loy, 2000, p. 16). Existentialism acknowledges that anxiety is something that human beings simply live with, and is not a problem or issue to get rid of or to be solved. Rather, it is a fundamental psychological state to be experienced. Phenomenology emphasises the role of lived experience and provides the opportunity to explore the subjective way of experiencing anxiety. However, the profound notion of anxiety will not be a focus of the current study due to the ranging significance of this in the psychological and philosophical fields. What seems to be important for the current researcher is the type of anxiety that arises as a counselling psychologist faces the AP, and how a therapist experiences it. Heidegger (1962) proposes the differentiation between fear and anxiety. For him, while fear may be a reaction to some external object, anxiety occurs without a trigger. Anxiety is something that we carry within ourselves and it always exists when facing something completely indefinite. Thus, anxiety might be experienced constantly within the therapeutic encounter and the AP might be the trigger which brings fear to the surface of a counselling psychologist’s experience. The role of uncertainty needs to be explored further. Many of the emotion-based theories agree that anxiety can be a consequence of uncertainty (Mandler, 1984; Izard, 1991). Moreover, some research confirms that uncertainty facilitates physiological symptoms of anxiety (Reiman, et. al., 1989). It was fairly recently that the suggestion was formulated by Gudykunst and Nishida (2001) that anxiety should be considered as an emotional equivalent of uncertainty.

Bammer and Smithson (2008) argue that there are two ways within psychology to explore uncertainty: the way we relate to the uncertain world around us and the way we are able to manage uncertainty itself. The latter appears to be more relevant to the current study than the former. He also describes three ways that uncertainty can generate anxiety, two (probability and delay) which are less relevant to this research, and third way which directly relates to the subject of the study. The last construct, according to Bammer and Smithson (2008), comprises lack of clarity or absence of information. Some researchers have related the lack of information to the inability to make decisions (see Frish and Baron, 1988). Bammer and Smithson (2008) offer the concept of taxonomy, where ignorance falls into distortion and incompleteness. They describe distortion in terms of inaccuracy and confusion. Confusion is an emotion that was also constantly explored by the participants while describing the experience of AP. Furthermore, Bammer and Smithson propose that incompleteness, to a degree, relates to uncertainty. The most interesting and relevant distinction of this concept is *conscious ignorance*, which Smithson (1989) defines as “knowing that we do not know”, and *meta-ignorance* – “not knowing that we do not know” (see Smithson, 1989; Ravetz, 1993 and Kerwin, 1993). This concept supports the present findings, which underlines the existence of the anxiety as a reaction to the uncertainty. Some of the participants even described their emotions by using the word “uncertainty”, which makes sense taking into account the emotional equivalent of anxiety.

Most of the participants were able to explore in detail how they experienced uncertainty, and the enclosure of their body in the process of experiencing. This replicates ideas of embodiment of the experience in the phenomenological tradition of Merleau-Ponty (2000). For him, any lived experience cannot be conceptualised without acknowledgment of the presence of the body. Human beings apply their bodies to shape the experience: through the body we perceive, touch, smell, sleep, etc. The way we feel our bodies reflects the way we experience things around us. The findings of the present study seem to resonate with this idea. The importance of acknowledging

embodiment appears to be crucial for the researcher, as it could clearly help counselling psychologists in recognising AP. The ability to listen to their body and be aware of how it reacts appeared to be vital in the therapeutic process. “The body is not a mere object in the world... it is also a principle of experience,” (Gallagher & Zahavi, 2008, p. 134). Furthermore, uncertainty that the counselling psychologists experienced closely related to their vulnerability, a concept which was widely mentioned in the interviews. According to some participants’ experiences, the feeling of being vulnerable is essential to be able to experience AP. However, naturally the vulnerability of a human being provokes the need to be safe and secure, which was also acknowledged by counselling psychologists.

Additionally, according to the findings, these occurrences appeared when the experience of counselling psychologists in therapeutic process somehow overlapped with or touched upon their own personal issues. Participants regularly disclosed these linkages between occurrences like AP and their personal issues, which suggest that the lack of safety might evoke vulnerability for counselling psychologists. This “unprotected state” opens the possibility for personal issues to arise in the therapeutic process which overlaps with the AP. Clearly, there is a desire to uncover what evokes what. Interestingly, the participants’ accounts allow the researcher to look at this as a mutual process, which means that both can simultaneously be cause and consequence, depending on the context.

The idea of safety and security as a counselling psychologist’s primary requirements indirectly manifests itself in participants’ underlining the existence of some experiences that need to remain unidentifiable. Interestingly, in some way this replicates the acknowledged role of the unknown in the therapeutic process. The differentiation that is made between the concepts of “known of the unknown” and “unknown of the unknown” by Cayne and Loewenthal (2007) seem to find a voice in this research. They refer to Polanyi’s definition of tacit knowledge that comprises “known of unknown”, which consists of experiences that are reachable and known, but

unspeakable; and “unknown of the unknown,” which is embodied within human beings at a very profound level and cannot be accessed. However, this deep “unknown of the unknown” seems to be essential as it referred to the possibility of experiencing the fear of death, according to Cayne’s research (2005).

The researcher questioned in the literature review to what extent the experiences that exist within the concept of “unknown of the unknown” should become known at some level. The findings of present study suggest that counselling psychologists have learnt through their clinical experiences that some phenomena remain unknown. Instead of the constant attempt to understand or make sense of every experience that appeared in therapeutic process, the therapists developed the ability to remain open to some occurrences without needing their conceptualisation. Bound (1993) argues that perhaps something of our experience resists becoming known and remains unidentifiable in order to provide enough space for those experiences that have a possibility to become known. However, from the researcher’s viewpoint, the reason for a learning outcome such as this may be hidden in the examples of the clients’ issues that the participants have mentioned. The author is concerned with the unanticipated cases that were presented by participants to illustrate the possible space where AP occur. Moreover, such serious and significant clients’ issues that were explored in the interviews (sexual abuse, domestic violence, paedophilia, etc.) have led the researcher to acknowledge the connection between AP and the issues clients bring. One can speculate about the difficulties in understanding, which appear in the moment when counselling psychologists require personal safety and security. The inability to engage with difficult experiences that clients describe might be the unintentional defence reaction counselling psychologists use in order to remain secure. Therefore, the counselling psychologists were clear about their reluctance to identify the experiences. This might be due to their natural need of emotional security. The primary needs of Maslow’s pyramid (1954) are also relevant here. Yet the range of experiences that occur in the interaction between counselling psychologist and client are not dismissed by the primary need

of each human being. When a therapist experiences these occurrences, the basic needs are required to be met. Thus, the need of safety and security that Maslow identified as the most significant and necessary for a human being might play a more important role in the therapeutic process than we think. Taking this interpretation into account, the reason why the counselling psychologists prefer to keep some experiences as unknowable becomes clearer.

To summarise the different aspects of AP and the feelings evoked by them, the following definition was constructed according to the findings of present study: *There are some experiences in the therapeutic process that counselling psychologists cannot understand. These experiences are hard to verbalise and most of time appear in the space between a therapist and client. Additionally, these experiences become more present and obvious when they trigger the therapist's personal issues. These unfamiliar, new and unexpected occurrences generally evoke a common spectrum of emotions, such as anxiety, fear, frustration and anger, which sometimes manifest through bodily sensations. The uncertainty around the phenomena can also provoke a strong sense of vulnerability. As a defence reaction to this insecurity, a strong need to feel safe arises within counselling psychologists*

Constructing a definition about something that perhaps requires remaining indefinable was acknowledged as problematic by the researcher in the initial stages of the research project. However, as the exiting definition emerged from the research and was not imposed on the participants at the outset of research, it seems legitimate to advance it here. After analysis of the participants' accounts and the de-construction of the definition, it seems to be appropriate to note that the participants acknowledged an unidentifiable aspect of the experiences. It is not only proposed that anomalous phenomena need to remain unidentifiable from a theoretical perspective, but the exploration of the lived experience of the counselling psychologists in this study provides experiential data to support such idea as well.

6.3. How do counselling psychologists address the experiences that they cannot understand in the therapeutic process?

The appearance of safety as a central topic of the present study directly relates to the way counselling psychologists relate to AP. The participants were able to explore the various approaches towards occurrences they have embraced in their practice. Several ways of addressing the unfamiliar occurrences were noted. The participants described the need to share the responsibility of facing such experiences and sharing the feelings of unknowing with a supervisor. Furthermore, because anomalous phenomena sometimes speak to or touch upon a therapist's personal issues, supervision was often necessary. However, what is really interesting in this particular aspect of findings is the focus of the participants on the sharing process. The counselling psychologist underlined the importance of not only naming and talking about the phenomena, but also identifying the impact it had on them: *"sharing – the opportunity to remove the drama around"*. Behind the sharing procedure there is the process of articulation and conceptualisation: it seems that language plays a role in the process of making sense of experience. By naming an experience, counselling psychologists are able to locate the phenomena somewhere, even just in the language, which may be seen as a way of reducing the anxiety around uncertainty. Participants declared that the ability to acknowledge the presence of AP and share the experience with the client in the moment was very useful in their clinical practice. They also underlined that one way to remain safe, was to name their un-knowing. In this way they contained their own fear and anxiety around the phenomena. This leads to the supposition that the capacity to address something verbally helps counselling psychologists to capture the feelings beyond the phenomena. Moreover, it is interesting to note that perhaps in this moment (addressing the fact of not knowing) a therapist is likely to be more preoccupied with his or her own struggle than with the client's experience. The danger of this needs to be underlined, as the therapist who is overwhelmed by feelings may unintentionally put his

or her own needs first, rather than their clients'. Here the ideas of Levinas (1969) are again relevant. "The responsibility for the Other" - the central ethical point in Levinas' philosophy. The acknowledgment of the role of the other has primacy over the needs of oneself. Applying this concept to the therapeutic process, the question might arise: whose needs have to be acknowledged and put first, those of the therapist or the client?

The findings noticeably demonstrate a strong use of theoretical language in the interviews, which may be interpreted as the unintentional management and replacement of their experience by the use of theoretical concepts. The value of theoretical knowledge for counselling psychologists were often located in their use of it making sense of AP. The regular usage of theoretical terminology led the researcher to question the counselling psychologists' ability or willingness to truly and genuinely experience unfamiliar and unexpected phenomena. Both the identification with particular theoretical concepts, and the assimilation of language to particular theoretical frameworks, might help us to understand the reasons behind the wide use of theoretical language. Heaton and Sigall (1991) propose that such an embracing of theory may evoke neurotic feelings on its own, as there is pressure to refer constantly to what seems to be known and understandable for counselling psychologists. As we can see, this idea resonates with the findings of the current study. Anxiety may arise not only from the meeting with AP, but also from the tension to define and locate these experiences in the theoretical knowledge the therapist holds. Theory might be seen here as a space that provides basic boundaries for counselling psychologists, within which they experience safety and security. Thus, theoretical knowledge helps to contain therapists, which in turn fulfils a basic need.

However, the participants have also demonstrated a decrease in the use of theoretical language by the end of the interviews. This suggests that the reflective process allows them to explore their subjective experience instead of constantly placing theoretical notions over and above their own experience. Consequently, the researcher argues that theoretical knowledge might replace

experience for counselling psychologists, and reflexivity therefore does not take place. It can be proposed that perhaps there is a link which can be formulated as: the more theoretical counselling psychologists are, the less reflexive they might be. Reflexivity appeared to be a significant element in being able to make sense of a phenomenon. Schon (1983) sees reflective learning as an essential process. He argues that professional disciplines which are highly practical (in our case, clinical) are faced with difficulty while applying a technical rational epistemology (theoretical concepts) to an unfamiliar situation. In this moment the practitioner seemed to face the uncertainty of not knowing. However, he recognises that the process of reflexivity is the key to the path between something that is unknowable to the known (Schon, 1983). The relationship between experiences like AP and the possibilities to recognise and apply them in the therapeutic practice are presented in this study. The findings confirm the significance of reflexivity. The researcher underlined (Chapter 5) the significance of the interview process itself, which become a space for reflexivity for counselling psychologist and provided the unexpected element of research process (the appearance of AP in the interview).

Participants also mentioned that in order to experience safety they sometimes relied on their “inner core-centeredness”, “intuition” or “internal supervisor”. This was something within them that helped them to remain focused and trust the therapeutic process. The researcher did not explore this aspect further in the interviews, but the question of what therapists rely on in their clinical practice seems appropriate to address. There is equality between the acknowledgment of the importance of theoretical knowledge and the ability to rely on something “non-rational” within the therapist, something that in this study the researcher refers to as “core-knowledge”. Furthermore, some of the participants made it very explicit that sometimes knowledge might appear to be an obstacle for the therapeutic process and especially for such experiences as AP. Participants underlined that presumptions which take place within the years of clinical experiences reduce the naive and open attitude of therapists towards the therapeutic process. Only with the ability to perceive and suspend

beliefs and assumptions do experiences like AP occur, allowing them to be experienced and explored by counselling psychologists.

The participants' controversial attitudes towards unfamiliar experiences need to be noted. On the one hand, there is a strong need for theoretical and personal knowledge, which provides security and steadiness for counselling psychologists. On the other hand there is an ability to use innate mechanisms (intuition, core-self, centeredness) to stay with the occurrences and to accept them without endeavouring to articulate them. The researcher has already named it "core-knowledge". The researcher would like to underline that the important issue for current study is not where knowledge comes from, but rather what kind of knowing counselling psychologists tend to rely on. Core-centeredness and intuition, which participants referred to, were followed by the explanation of how counselling psychologists have learnt to rely on them. They went on to say how being very experienced, they have no fear about relying on something that does not resonate with their theoretical perspective. The researcher was given the chance to look at divergent features from the perspective of possible integration, instead of choosing one over another. The experienced counselling psychologists presented with the ability to accumulate both (theoretical and core-knowledge) and apply both of these approaches to their clinical practice. They proposed unintentionally a contextual and very pluralistic perspective on such experiences. The ability to integrate and not to feel anxious towards the opposite dimensions seems to be relevant to the philosophical tradition of the counselling psychologists. Milton (2010) argues that the field of counselling psychology incorporates the dialectical element, where the negotiation of opposite phenomena seems to be pivotal. He goes on to say that dialectical pluralism could be embraced as a useful philosophical standpoint for the counselling psychologist. Pluralism is the postmodern idea that there is a possibility for multiple views of the world, and the validity of the diversity of perspectives and avoidance of any dogmatic prescriptions. The pluralistic epistemology is

considered to be the most useful philosophy for counselling psychology according to McAteer (2010). Samuels (1997) underlines the dialectical elements in pluralism, arguing that “while it involves an attitude of recognition, respect and inclusiveness towards different positions, it also promotes an engagement with this difference and the tension that it can bring,” (p.201). This tension may be perceived as something to overcome, however, the pressure that these opposing viewpoints generate has to be noted as a core element of the therapeutic encounter. A therapist always faces these dilemmas and dialectical questions. The ability to integrate this divergence and refrain from experiencing frustration may be one of the most important professional characteristics of a counselling psychologist or therapist.

A significant issue the participants underlined is the way of relating to the AP when not being able to make sense of such occurrences. Interestingly, this seems to be the most difficult process for most participants, yet it is a process about which they are most insightful in their clinical practice. The developed ability not to name and conceptualise, but rather stay with and let go, seems to be the breaking point for the present research. These were the important realisations for many participants in the interviews conducted for the current study, as they were able to formulate their own experience as something that should not be conceptualised, but rather learnt to be tolerated and ultimately renounced. The findings do not clearly indicate the context in which the participants decided to name and to share the experiences with their clients, and under which circumstances they were able to tolerate the occurrences and let go of the feelings they evoked. However, what was interesting was their ability to let go, which developed over the practitioners’ years in clinical practice. If experiences like AP evoke such strong painful feelings, the need to name and conceptualise them might be seen as a way of coping with those feelings. What could be learned and developed is their ability to stay, tolerate and let go of these experiences.

This directly relates to and validates the idea of uncertainty which evokes anxiety and the need to tolerate this. The concept of “negative capability” seems to resonate with this finding. The

concept which Bion (1980) calls “catastrophic change” can be characterised by a new, unfamiliar situation that is experienced by the psyche as disturbing and destructive. Bion (1970) articulated the compulsory ability of a therapist to tolerate such uncertainty and doubt, which are evoked by dangerous and unfamiliar situations. The ability to handle unpleasant experiences might lead to inner growth, according to Bion, who associates these abilities of therapist with Keats's 'Negative Capability'. The idea of Levinas’ which suggests that experience is beyond articulation may be appropriate to acknowledge here, due to the nature of such experiences. Levinas goes on to say that these experiences demand humility and uncertainty. Interestingly, the uncertainty in Levinas’ account does not appear to play a negative role. Conversely, it is a positive condition of experiencing relational knowing and being open to these possibilities arising (Levinas, 1969; 1998). It worth underlining that there is a developed ability of being able to refrain from making sense of phenomena, and instead staying with the experience and letting it go. This is closely related to finding out about the experiences that need to remain unknowable, as mentioned already. There is a desire to think that realising that inaccessible experiences exist in fact provides space for developing acceptance.

6.4 What role do experiences like anomalous phenomena play in the therapeutic process?

1) One of the most explicit roles of AP in therapy are them being similar to indicators, and this demonstrates some kind of dynamic that perhaps needs to be acknowledged in the therapy. The strong role of body and the range of feelings that the participants described shows that these experiences provide the opportunity for the counselling psychologists to stop and acknowledge that something is happening in the process. Thus, recognising such experiences seems to be an essential element in the practice of counselling psychology. Such occurrences might lead to turning points in the therapy or help the client and therapist focus on something previously unnamed and unspoken.

2) Although these experiences might be helpful and necessary for the therapeutic process, their appearance might be perceived as an obstacle. Evidently, the phenomenon might not only be an indicator of something important in the therapeutic dynamic but also it might become a serious issue itself, due to the unpleasant feelings it evokes within the counselling psychologist. The therapists' personal self-awareness within the therapeutic process and their continuous self-monitoring were quite explicit in the interviews. Perhaps phenomena that cannot be understood can facilitate the inner growth of counselling psychologists in order to recognise, experience, to stay with and manage the difficulties. This explains why occurrences like this require exploration.

3) The exploration of AP emphasises the role of self-awareness of a counselling psychologist, both within the therapeutic process and outside of it. The acknowledgment of personal issues and the ability to work through them appeared to have a serious impact on the counselling psychologists' abilities to experience anomalous phenomena. Moreover, if the anomalous phenomena are considered to be an important part of the therapeutic process, the exploration of personal issues automatically becomes an essential part of the professional development of counselling psychologists. Due to the connection between the AP and personal issues of the participants, it seems to be important to explore what kind of feelings AP evoke and what impact they have on the therapeutic process. Moreover, conversations about such occurrences highlight an important question about the professional identity of the counselling psychologist, and the necessity to formulate for the participant an answer to the question: "what kind of therapist am I?" Anomalous phenomena seem to play a very significant role in the explorative element of therapeutic practice, particularly the therapists' own self-exploration and awareness.

4) The exploration of anomalous phenomena facilitates reflexivity by counselling psychologists and forces them to question not just how they make sense of such experiences, but makes them ask themselves the question: "how do I know?" For instance, how do I know that they

exist? How do I know that I experience them? How do I know that they are present in a particular moment? These issues seem to be asking a fundamental epistemological questions which need to be addressed by counselling psychologists so they may contribute to and perhaps “reconfigure” the body of knowledge comprising their field. Thus, counselling psychologists’ attempts to explore unidentifiable experiences provides them with an opportunity to investigate the fundamentally important question about how they position themselves. Consequently it will lead to a clearer understanding of how the exploration of AP contributes to the body of knowledge in the field of counselling psychology.

6.5 Conclusion

In this chapter the researcher has outlined the main findings and has located them within the wider literature of the psychological and philosophical fields. The intention was to present a general picture of the results, underlining the main unanticipated findings and issues that emerged during the analysis. This began by offering a new way of defining AP, while taking into account the participants views and critically evaluating the necessity for such a definition in the research project. Next, it provided a description of the phenomena and the way in which the phenomena might arise in the therapeutic room: overlapping with personal issues or in the space between a client and a therapist. The author proposes the relation between these findings and the concept of the therapeutic relationship.

Next, the researcher formulated how counselling psychologists experience the AP and how they might affect the way therapists relate to such occurrences, which include a strong presence of anxiety, fear and uncertainty drawing attention to the deep feelings of vulnerability and insecurity. This opens up the question as to what are the primary needs of a human being in order to be that of being safe and secure. Further, to focus on the way professional counselling psychologists handle

the feelings and what kind of role knowledge is based on theory and knowledge is based on experience plays in the way anomalous phenomena are experienced and are addressed in the interviews. Furthermore, the researcher showed how she understands the role of such experiences in therapy according to the participants' experiences; pointing the divergent position that anomalous phenomena might take in the therapy: that of obstacle and indicator. During the process of exploring the AP a further meaning appeared that was presented and addressed as something to acknowledge. The findings clearly demonstrate the presence of such phenomenon in the therapeutic process, the difficulties in recognising and verbalising them. However it was also clearly emphasised and demonstrated the importance of such phenomena in the process and their essential role in the therapeutic process.

In the conclusion of this chapter it should be noted that the most fascinating finding for the researcher was the acknowledgment of some experiences that need to remain unknown. The researcher proposes that it is not just these experiences may be unknowable and of the tolerance towards the anxiety around them which needs to be learned and developed, but rather the unknown must stay unknown in order not to disturb or even damage a therapist within the therapeutic process. There are things that we do not know we do not know and it seems that there are very natural reasons for such unknown of the unknown. The man's desire to know, understand and explore may find its own limitation investigating the experiences like anomalous phenomena.

Chapter 7 Implication and conclusion

7.1 Overview

The purpose of this research was to explore how counselling psychologists make sense of the experiences that they cannot understand, what these experiences mean for them and what role they play in the therapeutic process. It was hoped that by gaining a better understanding of what role these experience play in therapeutic practice, some potential significance for the body of knowledge of counselling psychologists might be acknowledged. It was also hoped that the result of the present study would open up several important issues for therapeutic practice, and might influence the educational process for future counselling psychologists, psychotherapists, counsellors, etc. The final chapter aims to delineate the conclusion of the thesis and consists of several sections. It starts from the critical evaluation of the research process, and the possible implication the study has for counselling psychology. This chapter will summarise what has been done, and in what ways it might be applicable for therapeutic practice and addressing some limitations. Additionally, the chapter will present the personal and epistemological reflexivity of the researcher, and suggestions for a future research project.

7.2 Critical evaluation of the research

The current thesis has several issues which are important enough to be addressed. Firstly, in the beginning of the research procedure the lack of clarity about the object of the study seems to be *the* serious obstacle for the explorative process, due to the abstract and ambiguous nature of the phenomenon that was proposed to be the object of investigation. The lack of clarity around the phenomenon facilitates the appearance of the struggles to formulate the main research question. Moreover, the vagueness which might be seen in trying to address the issue may come across as lack of structure and clarity. One of the most problematic issues was the relationship between the

researcher and the necessity to define the object of the research. The attempt to define what according to the researcher's viewpoint should be left indefinable, as it is the main characteristic of the phenomenon, appeared to be the process of exploring the possible boundaries and limitations of such phenomena. The attempt to locate the phenomena within a particular framework became constructive and useful in some ways, as it brought some clarity for the researcher. The working name that was constructed for the present study was "anomalous phenomenon". The researcher did not use this term in interviews and instead used a part of its definition: "experiences that are difficult to understand". This appeared to be sufficient enough to achieve the main aims of the study. Therefore, the researcher would like to highlight that, in retrospect, it seems that labelling the experiences was not necessary and had no sufficient meaning. It is important to underline that the exploration of subjective experiences was the main aim of this study, and therefore labelling the phenomenon is acknowledged as unnecessary. Moreover, the researcher did not imply any particular meaning in the word "anomalous". It was chosen among other possible names only to demonstrate that labelling does not play an important role, and instead it was used in an attempt to distance the explorative object from any existing notion.

The major idea of this research was to explore the possibility of acknowledging the relational approach towards the world. In considering the Cartesian framework, the attempt to identify and explain the objects, facts and phenomena seems to have limitations for the present state of scientific development especially in the field of counselling psychology. The ideas of Levinas (1969), Wittgenstein (1953), Merleau-Ponty (1945/2000) and others illuminate the existence of some of the forms of relating to the world. This relational approach (Thayer- Bacon et al., 2003) is fundamental, and seems to be central to this present study. The researcher was willing to open up the question of the relational approach towards the phenomena rather than identify or classify in any way the anomalous phenomena.

From the beginning of this research, there was an attempt to favour the opposite dimensions within the scientific field. The subject of the study selected was that of non-rational phenomena which is unusual and does not take place in classical scientific methodology. However, due to the research design and the requirement of the doctorate level, the approach and object of the study was explained and defined according to the scientific method. Thus, there is a controversial tension, that by itself should not be considered to be inappropriate. The intention was to create an awareness of the significance of the counselling psychological field in the modern world. The way of understanding the therapeutic process seems to be a constant argument about what does it look like and what it consists of; “science or art” (Draghi-Lorenz, 2010; Hofmann and Weinberger, 2007; Jung, 1923; May, 1953). The researcher postulates that there should not be space for such a question in the modern psychological framework, after the field of counselling psychology had occurred and offered the possibility of another postmodern way of looking at such a question.

7.3 Limitations

There are several limitations that need to be addressed, after looking back at the process and evaluating the complete picture of the current research project. The serious disadvantage of the current project seems to be the presence of the disparity between the requirements the doctoral level dissertation has and the selected methodology for the present study. One of the doctoral requirements is to include a significant number of participants, so the result might be considered valid and subsequently generalised. This particular viewpoint is the consequence of a long established positivist philosophy within the psychological science. However, this research and the researcher have underlined the relational attitude towards the process and findings, based on the qualitative methodology, where the quantity and validity is not considered central. The understanding and explorative process by themselves are central for such philosophical

underpinning. This means that fewer participants would have been more appropriate for the present study. It would have given the opportunity to work with each participant's experience at a deeper, more interpretative level. From the researcher's point of view this "disagreement" between both results in a lack of depth and less focus on each participant's experience, which in the beginning was a priority for the researcher. Summarising the limitations described above, it is proposed that future research should analyse the experiences of fewer participants, allowing the researcher focus on each interview in more depth. Likewise, the methodology, which was selected, was created to focus on the small sample and explore the profundity and complexity of the experience. Smith (2004, 2007) argues that 3-4 participants can be a sufficient number of participants to apply a methodology like IPA, which for the researcher seems reasonable and appropriate when focusing on the lived experience of a human being. However, the way this research developed, the results that have been presented, the number of participants (eight), the length of time of the interviews took, and the quality and amount of information gathering, were all appropriate and valid for the present research.

7.4 Implication for counselling psychology

This study explored the personal experiences of counselling psychologists in relation to the anomalous phenomena, their way of experiencing specific phenomenon, their understanding of that phenomenon within the therapeutic process and the way they addressed such phenomena in their therapeutic practice. The researcher proposes that the results will contribute to the therapeutic field in the following manner.

The exploration of the experience of the AP opens up the possibility for counselling psychologists, for psychotherapists and clinical psychologists to discuss more deeply what goes on with them in the therapeutic process, and gives them the opportunity to explore their personal

experiences of phenomena in the therapy which cannot initially be understood. Interestingly this exploration resulted in many profound questions, which might be considered essential for the practitioner. For example, the epistemological question of “How do I know I know” was unexpectedly explored by the counselling psychologists. Additionally, many of them shared that the exploration of unidentifiable experiences facilitated their self- awareness and open up questions of professional identity. Consequently, the exploration of experiences such as AP evokes fundamental and important questions within counselling psychology and other therapeutic professions.

The researcher has underlined the role of such phenomena in the therapeutic process and moreover, the importance of the exploration of this phenomena, which also has significant outcomes. It can be argued that the understanding of the role of this phenomenon could be included in training programmes for counselling psychologists or psychotherapists, thus increasing the training opportunity to develop the ability to reflect, to develop self- awareness, professional identity and the ability to locate themselves in relation to the uncertainty, that the AP bring in the therapeutic process. The researcher is sure that just the exploration of such experience is sufficiently valid to be included in the training programmes as a part of educational process.

One of the possible contributions to a debate in counselling psychology is the distinction made between theoretical knowledge and core-knowledge which take place in the therapeutic room. The exploration of experiences of AP underlines the equal role of both, and explains why the presence of both is so essential to therapeutic practice. Moreover, the presence and acknowledgment of both elements is not considered to be enough by the participants. They have emphasised the ability to locate both of them appropriately in the therapeutic process and utilise both of them in their own practice. Additionally, the integration of both was presented in the findings and discussion section.

Consequently, this research emphasises the importance of the theoretical knowledge and its validity in the therapeutic encounter, as well as the ability to rely on the core- knowledge, or inner knowledge that takes place in the therapeutic process and appears to be no less valid for counselling psychologists. The researcher proposes that the equality needs to be acknowledged here and perhaps needs to be correspondingly included in the educational process. A link that was acknowledged previously is revisited here: the more theoretical and the less reflective clinical practitioners are the more problematic applied theory becomes in clinical practice. There is a possibility of thinking that counselling psychologists, who are trained to acknowledge the importance of evidence-based practice and an emphasis on theoretical knowledge, to some extent tend to minimise the role of personal and professional emotional development. This research highlights the necessity of reflective practice as a core of understanding and acknowledgment of experiences like AP, which according to the findings are persistent in clinical work.

7.5 Suggestion for further research.

In this section, it is important to acknowledge and name some themes which have been omitted because of the lack of space, which are interesting and merit further exploration. Firstly, the phenomenon itself seems to be worthy of note as an object of study. The exploration of the phenomenon would need a different methodology (for instance, the phenomenological method of Giorgi). The findings of the present study have demonstrated some overlap in the characteristics around the phenomenon. However, the participants described the phenomenon as an individually perceived occurrence, which makes it difficult to indicate what it is exactly. This, though, does not limit the possibility of exploring such phenomenon, especially taking into account some unexpected and significant findings of the present study. For example, the occurrence of the phenomenon, in the

circumstances when it somehow reflects or relates to the personal issues of the counselling psychologists highlights an area of possible further exploration (see page 70).

Secondly, the themes that were not included in the current study are no less substantial and might be explored more: for example the role of silence in the therapeutic process was not included in the main themes. The use of metaphorical language was not presented enough across the participants' accounts; therefore both were left out of the final themes. Moreover, the last research question outlined the role of such experiences for the counselling psychologists. Many of the participants were exploring their understanding of the field and the place of the field in the current social-political situation in the United Kingdom. Due to lack of similarities and too obvious subjectivism in the views, this part of the interviews was not included in the main themes. However, the accounts of the participants are considered to be valid and significant, so there is the potential to explore this topic further, perhaps still focusing on the same interview. For example IPA might be applied again for 3-4 of the accounts which could subsequently be explored in greater depth.

One important area that was omitted while presenting (formulating) the final findings was that a significant number of the participants unintentionally proposed two examples of the anomalous phenomena and the way they experienced them. Interestingly, one example illustrates the phenomenon in the beginning of their career and the second example represents their experience in their current practice. This was briefly pointed out in the findings and the discussion section. However it feels that it is worth looking at this question more closely. Again this embryonic issue has its own significance and might be explored further. The comparison may take place here or within a different research project, which might focus on the experiences of anomalous phenomena in different groups regarding the experience in clinical practice.

7.6 Reflexivity

Reflexivity plays a noteworthy part in any qualitative research (Willig, 2004). The importance of reflexivity consists of understanding how much the researcher is involved in the research process and how much s/he affects the emerged findings. In order to reflect on the personal engagement, the process of reflexivity might be divided into two different parts. The epistemological reflexivity focused on the critical evaluation of the epistemological position the researcher had undertaken the assessment of the chosen methodology and its appropriateness with the aim and the objective of the research project. Personal reflexivity allows the researcher to be aware of the personal struggle and hopes, expectations and possible unintentional influences on the research procedure. Also, personal reflexivity gives an opportunity to understand why this particular research was essential to him/her and what kind of personal issues this research project has brought into awareness. Willig (2004) underlines the necessity of constant presence of reflexivity during the research process. The study has already presented some personal reflexivity in the beginning of the section on findings, where she was trying to evaluate the interview processes and the significance of it for the research. In the next section, the researcher will firstly focus on the epistemological reflexivity and address the personal process, both during the research and at the end of the present study.

7.6.1 Epistemological reflexivity

Epistemologically research located the places within contextual constructionism with the theoretical perspectives, which comprise and integrate phenomenological, hermeneutic and ideographic position towards the experience, knowledge, truth and the reality. Interestingly, the researcher, while formulating the object of the study and trying to identify her personal beliefs and viewpoints, found the particular location based on the broad philosophical concepts. The

researcher's theoretical and philosophical underpinning determined the way the researcher addressed the main research question and the choice of methodology.

Looking back at the whole research process, and critically evaluating the choice of epistemology and methodology it is acknowledged that there is tension within the researcher to dismiss any kind of "metanarratives" in one way and come to what Lyotard (1984) has defined as "postmodernism". Utilising Lyotard's definitions the author understands "a metanarrative" is a grand theory or a set of principles that provides an inclusive explanation of different historical episodes, experiences, cultural and social phenomena, that "serve to supersede all other claims to the truth" (Milton, 2010 p.6). Postmodernism (1984) offers to explore the world by avoiding metanarratives, questioning the notion of truth and critiquing any unifying viewpoint. The researcher has underlined the relational stance towards the findings, which arises for the research in the process of analysis and summarising the findings. This might be seen as a deconstruction of personal epistemological and methodological ideas, moving towards those, which emphasise the "space for possibilities" (Martin Heidegger) that point the direction of the research findings. From the author's perspective a research is an active and dynamic process and an epistemological reflexivity is an attempt to critically evaluate the process, which is necessary in order to assess the personal belief systems and implications for the research. The interesting and fascinating part is that it seems from the beginning the researcher has selected a particular epistemological position and theoretical viewpoints with the unconscious desire to acknowledge their potential meaninglessness by the end of the research project. It can be seen that the relationship between the research and the way the main research objects were addressed, is more likely to be an attempt not to locate the object and the research project within any theoretical or philosophical perspective, which therefore places it beyond any epistemological perspective. There is a tension within the researcher to look at an epistemological perspective itself as a socially- constructed viewpoint. In this case, the

localisation within any of them reduces the “space for possibilities”. It is clear that any kind of perspective, even the postmodernism idea, provides some kind of restrictions and limitations. Thus, there is a circle, which is almost impossible to step out from. The beliefs and ideas within the postmodernism framework seem to be those which come closely to the understanding of not preferring one over another, but focuses on the relational way towards knowledge and truth and provides enough space for possibilities to arise.

In emphasising the relational understanding of the knowledge and truth, after the findings are presented and their significance is acknowledged, a different perspective emerges on the object of the study in general. As soon as our consciousness starts focusing on some sort of unknowable experiences, they automatically stop being the way they are. Perhaps they exist not just beyond language and our abilities to understand but beyond our consciousness and unconsciousness, which means there is no chance that we, as human beings with our own limitations, can grasp some kind of understanding of these phenomena. However, it does not mean that the acknowledgment of such experiences is not necessary for the field of counselling psychology. It is worth mentioning that the philosophical underpinning of counselling psychology reflects the researcher’s beliefs and ideas. For example, Manafi (2010) postulates that “*in line with postmodern thinking (Bayer & Shotter, 1998; Holzman, 1999) counselling psychology recognises the transient nature of the reality and its dependence on politics, power structures (Foucault, 2002) and ‘ language games’ (Wittgenstein, 1965, 1980). The field is strongly attached to existential/phenomenological inquiry and emphasises a relational epistemology (Thayer-Bacon et al., 2003) (Cited at Milton,2010, p.28).* Furthermore, she continues by acknowledging the ‘*contextual parameters*’ and the researcher’s ‘*speaking position*’ (Lyons &Coyle, 2007) in the field of contemporary counselling psychology. Being a trainee counselling psychologist there is a question of the influence of the ideology of the fields upon the researcher. However, the researcher is aware of the difference between the personal

position at the beginning and by the end of the research. The shift in the epistemological perspective might be seen as not being strong enough; however it is significant for the researcher.

Simultaneously with the epistemological perspective and the personal beliefs of the researcher, the methodological reflexivity should be addressed, as it is the research project and the findings which have to be assessed and acknowledged as being valid. In the methodology section, the researcher proposed Yardley's principles of assessing qualitative data, which seems to be appropriate for the chosen methodology. The methodological reflexivity will be presented according to how the data might be assessed through the four main parameters. The first principle was *the sensitivity to the context*, which comprises the researcher's attitude towards the process from the very beginning. The careful choice of methodology and the way in which the participants were interviewed showed sensitivity in regards to the research process. Moreover, the acknowledgment of the context within which the research project was located also determines this principle. The researcher was aware that given the research process, the tentative nature of the study required accuracy during the interview process. The main focus on the lived experiences obligates the researcher to utilise the skills of the trainee counselling psychologist being tentative and delicate during the interviews, focusing on the interactions and on the space the participants are comfortable with. The researcher was aware of the close exploration of the personal accounts, which requires 'immersive and disciplined attention' (Smith, 2007 p. 180), which the researcher was trying to apply during the analysis.

The second principle related to the commitment, rigorous transparency and coherence. On reflection the researcher considers herself as being fully *committed* to the research project, due to the personal and professional interest and the way it has been organised. However it should be acknowledged, that there was a lack of previous experience in applying the qualitative research methodology which might have had some impact on the research procedure. The researcher

employed the IPA as a methodology for the first time and the interpretative process might be seen as not having enough depth. The researcher tried to present adequate interview information in order to rationalise the interpretative process and justify the final findings, so that the reader has the opportunity to be fully engaged in the interpretative process. The attempt to present the interpretative accounts relate to the *rigour* as one of the principles of assessing data. Moreover, the researcher was closely engaged with the supervisor, who was the reader of the interpretative process, before any final findings were proposed, in order to assess the researcher's abilities to provide the interpretations which were based on the experience of the counselling psychologists.

Transparency relates to the close step-by-step description of the research procedures with the reflexive elements and the acknowledgment of the researcher's position in relation to the research. The researcher was aware of the detailed description of the process and tried to provide a clear explanation of the research procedure, the interview procedure and the steps that have been undertaken when analysing the data. This clarity and disclosure of all the relevant processes are presented in the current research project. The last but not least principle is *the impact and importance of present research*. Yardley (2000) questioned how the research contributes to the theoretical understanding or provides practical outcomes for individuals or groups. This principle is already addressed in the present chapter in the section on contribution to the knowledge and epistemological reflexivity.

7.6.2. Personal reflexivity

From the beginning this research was an attempt to make sense and understand something that the researcher considers to be "a mystery of the therapeutic process". The whole project seems to be an unconscious desire to find the answers, through the exploration of the others' experience, which are familiar within their abilities to identify and formulate something that the researcher finds

almost impossible for herself. There is obviously a relation between such attitude towards unexplainable experiences and personal issues, as the researcher found it very hard to articulate some personal experiences and explore them within her personal life. Moreover, this inability to locate some experiences within the personal or theoretical knowledge evokes uncertainty within the researcher and was projected into the present research. Thus the tension between being clear and definite with the wish to be able to tolerate the uncertainty becomes a driver for this research project to take place. The personal interest and professional experience enabled the researcher to focus on this topic and motivated her to finish the project. Interestingly, the researcher has changed her own epistemological ideas through the exploration of the phenomena, particularly during the interview process. The wish to understand and to find clarity around the phenomenon seemed to be a main drive at the beginning of the project, while the ability to relate to something without clarity and structure appears to be something that inspires the researcher now.

Moreover, reflecting on the researcher's experience, it has to be acknowledged that the exploration of uncertainty evokes more uncertainty within the researcher. During the entire process of the research the author has experienced herself being with uncertainty, which gives the opportunity for the researcher to experience what it means to be with the unknown and how it is to face something, that the researcher calls "anomalous phenomenon". At some level the researcher, who almost holds this uncertainty, experienced herself being in a very comfortable, safe and to some extent comprehensible position, as she was able to make sense of that experience for herself, regarding any theoretical underpinnings. Interestingly, there was a moment, when the researcher had to come to some clarity within the project in order to produce the written piece of research and this breaking away moment was experienced as an unpleasant event. In the discussion section the researcher faced the need to summarise the findings in one complete picture in order to linguistically explain the multilayered findings. As soon as the researcher made sense of the

findings for herself and could clearly put the schematic structure of the findings on paper, it felt like the anomalous phenomena were "murdered" by such an action. The clarity and conceptualisation destroyed the experience and perhaps the real essence of the phenomena. The boundaries that have to be placed in order to produce the research project destroyed the beauty of the unidentifiable experience.

This overall personal experience might be a reason to think that perhaps the unknown needs to remain unidentifiable, thus the attempt of a human being to reach some understanding turns out to be the personal disappointment in terms of the experience. It might be seen that some understanding of the others' experience was grasped by the researcher. However, there is a general sense of the constant attempt to grasp something and the disappointment to some extent when it was reached. The researcher believes that the experiences of not-knowing, but looking for, exploring and having hopes and beliefs are much more remarkable and useful. This correlates with part of the role that anomalous phenomena plays in the therapeutic process. In the discussion section the researcher proposed that the exploration of occurrences like anomalous phenomena provides the space for self- awareness and self- discovery for the counselling psychologists. There is a way to examine our own position as a professional in the academic field and in the therapeutic process through the exploration of anomalous phenomena. The present research seems to be a good example of personal processes within the researcher, whose epistemological position has shifted and whose professional ideas of understanding and inevitability of the clarity were modified while the anomalous phenomena were investigated through the experiences of others.

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Appendix 1

Ethics Application (Research Student)

Applicant: Tatiana Ryklina

Title: The role of anomalous phenomena in the therapeutic process: an exploration of counselling psychologists' experience

School: HALS

I am pleased to confirm that the above application has been approved by Chairs Action on behalf of the Ethics Board. Please note the advice from the School Ethics Committee given below, these are comments rather than conditions for approval and we do not require anything further in relation to this application.

Comments:

The statement about this research being a "protocol and not a clinical examination of your body etc" seems a little un-necessary and I would suggest could be removed. Likewise, it is not usual practice to have the debrief signed – again this also could be removed.

Many thanks,

Lemady

Lemady Rochard
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Research and Business Development Office
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E: L.Rochard@roehampton.ac.uk

Appendix 2



ID _____

RESEARCH PARTICIPANT CONSENT FORM

“How do counselling psychologists make sense of experiences that they cannot initially understand in the therapeutic process?”

This project is researching the way you make sense of anomalous phenomena in the therapeutic context, experience them, and use them in your therapeutic practice. We invite Chartered Counselling Psychologists to take part in the research study at the School of Human and Life Sciences, Roehampton University.

This Project will be performed under the supervision of Dr James Davies at the School of Human and Life Sciences, Roehampton University. It has been approved by Roehampton University Ethics Board. This study is a part of a research protocol, and is not intended to provide a clinical examination of your body or a clinical evaluation in any respect.

Brief description of research project

The aim of this study is to further our understanding of how we, as practitioners, experience anomalous phenomena of the therapeutic processes, how we relate to them and use them in our practice.

You will be asked to participate in a one-to-one semi structured interview, which is designed simply to look at your personal experience as a counselling psychologist.

All this information will be available only to the research team and treated in the strictest confidence. The interview will take about 50 minutes of your time. The entire interview will be audio recorded and will be transcribed after completion. The recordings will be confidential and that they will be stored at a safe place for ten years, following the ethical requirements of Roehampton University.

You will be given this letter of invitation, a consent form before the interview, and a debrief form after the interview. We will ask you to write a 6 digit code (you can create a combination of letters and numbers as you want) on the letter of invitation (which you can keep).

Consent Statement:

- a. I have read and received a copy of this consent form and have been given the opportunity to ask questions. You have given me: (a) an explanation of the procedures to be followed in the project and (b) answers to inquiries I have made.
- b. I understand that there may be no direct benefit to me for my participation in this study as described above.
- c. I understand that my participation will not cost me anything other than the time and effort involved.
- d. I understand that all personal data relating to volunteers are held and processed in the strictest confidence, in accordance with the Data Protection Act (1998).
- e. I understand that I am free to withdraw from the study at any time without needing to justify my decision via the ID number; however the data in as aggregate form may still be used.
- f. I understand that this study is entirely anonymous. My identity will not be recorded or passed on to anyone not involved in this study, and will be protected in the publication of any findings. Researchers involved in the study will be unaware of any links between my identity and the data collected and accordingly no individual feedback will be given.
- g. I understand that it is envisaged that the results – which will be entirely anonymous – will be submitted for publication or conference presentations.

h. I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name

Signature

Date

Please note: if you have a concern about any aspect of your participation or any other queries, please raise it with the investigator. However, if you would like to contact an independent party, please contact the Dean of School or the Director of Studies.

Investigator Contact Details:

Name: **Tatiana Ryklina**

School: School of Human and Life Science

University Address: Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Email: **Ryklina@rambler.ru**

Director of Studies Contact Details:

Name: **Dr. Diane Bray**

School: School of Human and Life Sciences

University Address: Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Email: D.Bray@roehampton.ac.uk

Telephone: 020-83923627

Dean of School and Contact Details:

Name: **Mr Michael Barham**

School: School of Human and Life Sciences

University Address: Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Email: **M.Barham@roehampton.ac.uk**

Telephone: **020-8392 3617**

School of Human and Life Sciences, Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Appendix 3

ID_____

LETTER OF INVITATION

“How do counselling psychologists make sense of experiences that they cannot initially understand in the therapeutic process?”

We would like to invite Chartered Counselling Psychologists to take part in a research study at the School of Human and Life Sciences, Roehampton University. First, we wish you to know that taking part in this research is entirely voluntary. You may choose not to take part, or you may withdraw from the study at any time. Before you decide to participate or not, please take as much time as you need to ask any questions.

Brief description of research project

The aim of this study is to further our understanding of how counselling psychologists make sense of the experience that they cannot initially understand in the therapeutic process and how they evaluate these experiences in the therapeutic context.

You will be asked to participate in a one-to-one semi-structure interview. The interview will be audio taped with your permission for later verbatim transcription. All this information will be available only to the research team and treated in the strictest confidence. The interview is estimated to last about 50 minutes.

You will be given this letter of invitation, a consent form before the interview, and a debrief form after the interview. We will ask you to write a 8 digit code (you can create a

combination of letters and numbers as you want) on the letter of invitation (which you can keep).

Participants have the right to withdraw from the study if they wish. If the participant decides at any point to withdraw his/her data, they are instructed to contact the investigator (Tatiana Ryklina e-mail: Ryklina@rambler.ru Telephone: 07842753026) making reference to the 8-digit-ID code created by the participant previously however the data in an aggregate form may still be used.

Benefits

Information learned from this study will be used to help our understanding of the counselling psychologists' experiences in the therapeutic setting, its significance and its application in practice.

Thank you for considering your contribution to this research project.

Principal Investigators (signed)

Please note: if you have a concern about any aspect of your participation or any other queries, please raise it with the investigator. However, if you would like to contact an independent party, please contact the Dean of School or the Director of Studies.

Investigator Contact Details:

Name: **Tatiana Ryklina**

School: School of Human and Life Science

University Address: Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Email: ***Ryklina@rambler.ru***

Director of Studies Contact Details:

Name: **Dr. Diane Bray**

School: School of Human and Life Sciences

University Address: Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Email: ***D.Bray@roehampton.ac.uk***

Telephone: 020-83923627

Dean of School and Contact Details:

Name: **Mr Michael Barham**

School: School of Human and Life Sciences

University Address: Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Email: ***M.Barham@roehampton.ac.uk***

Telephone: 020-8392 3617

School of Human and Life Sciences, Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Appendix 4

ID number_____

RESEARCH PARTICIPANT DEBRIEFING

How do counselling psychologists make sense of the experiences that they cannot initially understand in the therapeutic process?

Thank you very much for participating in our study.

May I remind you that your data are held securely and anonymously. If you wish to withdraw from the study at any time, contact us with your participant number and your data will be removed from our files. You may withdraw from the study at any time (even after completion). However, the data may still be used /published in an aggregate form.

Please note: if you have a concern about any aspect of your participation or any other queries, please raise it with the investigator. However, if you would like to contact an independent party, please contact the Dean of School or the Director of Studies.

Investigator Contact Details:

Name: **Tatiana Ryklina**

School: School of Human and Life Science

University Address: Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Email: **Ryklina@rambler.ru**

Director of Studies Contact Details:

Name: **Dr. Diane Bray**

School: School of Human and Life Sciences

University Address: Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

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Telephone: 020-83923627

Dean of School and Contact Details:

Name: **Mr Michael Barham**

School: School of Human and Life Sciences

University Address: Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Email: **M.Barham@roehampton.ac.uk**

Telephone: **020-8392 3617**

Declaration:

I confirm that the interview was conducted in an ethical and professional manner and that I am happy for the research to proceed using my material.

Name of participant:

Signature:

Date:

Researcher name

Signature:

Date:

School of Human and Life Sciences, Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

If you find that your participation in the interview has raised any challenging or painful issues that you need to discuss or explore further, please consider contacting either your supervisor or your personal therapist where appropriate. You might also consider contacting the British Psychological Society (BPS), the UK Council for Psychotherapy (UKCP), the British Association for Counselling and Psychotherapy (BACP) or the Samaritans to find a suitable counsellor or psychotherapist, if appropriate. Their telephone numbers are supplied below:

British Psychological Society
UKCP
BACP
The Samaritans

0116 227 1314
020 7014 9955
01455 883316
01850 60 90 90

Appendix 5

Ethics Application

Applicant: Tatiana Ryklina

Title: The role of anomalous phenomena in the therapeutic process: an exploration of counselling psychologists' experience

Reference: PT 10/ 039

Department: Psychology

On behalf of the Ethics Committee I am pleased to confirm that your Department has approved the amendment to your above application subject to the following condition:

Condition:

i. The University guidelines, and PsychD programme guidelines, state that there is a maximum of £20 for one session. Therefore, the payment needs to be in line with this.

As this is only a minor condition it is assumed that you will adhere to this condition for approval and therefore we do not require a response. We do not require anything further in relation to this application.

Regards,

Jan Harrison

Ethics Administrator
Research and Business Development Office
208 Grove House, Froebel College
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Appendix 6



ADVERT

An exploration of the experiences that cannot

be initially understood in the therapeutic process.

I am undertaking research for the Professional Doctorate in Counselling Psychology at Roehampton University. I am seeking Counselling Psychologists working in any setting, who have **ten or more years of clinical practice**.

The aim of this study is to investigate **how counselling psychologists make sense of experiences that they cannot initially understand in the therapeutic process**.

The therapist might experience these phenomena through personal sensations, his/her body and feelings. This occurrence might not be easily verbalised yet, needs to be acknowledged and explored to enhance their work with clients. This experience might be a therapist's reaction to what a client brings, or a feeling which appears in the therapeutic room, affecting the therapeutic process.

Interviews will be audio-taped and identifying details will be excluded for the purposes of anonymity. The data will be explored using Interpretative Phenomenological Analysis (IPA).

If you are interested in participating or finding out more, please contact me at (e-mail) ryklina@rambler.ru.

This research has been approved by the Ethics Board of Roehampton University and is being supervised by Dr. James Davies and Dr Diane Bray.

Tatiana Ryklina

Appendix 7

<p>Characteristic of phenomena</p>	<p style="text-align: center;"><u>Interview One (57 min)</u></p> <p>Respondent: I'm uhm, thirty-nine years old and I qualified as a psychologist, chartered psychologist in 2000. Uhm, let me just check that that's right. I started studying in '91 I seem to remember, with an undergraduate degree, and chartered nine years later so that would have 2000, so I have been practicing as a chartered psychologist for seven years, I have been practicing with clients since 1997, so that will be 13 years in practice, uhm, my practice now is, comprises of working in the NHS, I am working in a community mental health team. I see people with severe and enduring mental health problems there. I lead the gay men's therapy service for the Terrence Higgins Trust, we are a charity that uhm, specifically helps people with sexual health issues. Historically maybe HIV or much more, and I have a private practice, in addition I teach on gay and lesbian psychology for a couple of years, so that's where I'm at in terms of my practice.</p> <p>Interviewer: Yeah, thank you very much. Uhm, it seems that in the process of therapy, there are some kind of things, or phenomena, that are not very clear for therapist sometimes, or maybe it's not very easy to make sense of them (pause). Have you faced something like this in your practice, have you experienced things like these?</p> <p>Respondent: I would think <u>I don't know what you have in mind</u>, I am tempted to ask you what you have in mind which may in some way invalidate what you're doing so, so I won't ask what you have in mind and respond from what I would feel is appropriate to say, which is <u>that I feel that there are constantly phenomena that I don't understand</u>, uhm, that it's very much within my role to make sense of them. Uhm, I suppose there would be for me, <u>two categories</u> if you want that come up when you ask the question in the way that you've asked it. Uhm, firstly er, I suppose (pause) working, I don't exclusively work in the psychodynamic</p>	<p><i>The willingness to clarify the object.</i></p> <p>The persistence of phenomena The participant is sure that he experiences the phenomenon all the time during the therapeutic process.</p>
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Use of theoretical language	framework, but it's, it certainly informs my practice quite extensively, so <u>I do think about the transference and countertransference.</u> uhm and so, some of my answer I suppose is about that, that there are very <u>often transference phenomena that I will not be able to identify</u> what word did you use, phenomena that are...?	<i>Theoretical explanation of experience/ use of theoretical language.</i> Not knowing how theoretical notions might be experienced, or experienced in an unidentifiable way.
Uncertainty of experience of the theoretical notions		
Characteristic phenomena	<p>Interviewer: Anomalous.</p> <p>Respondent: Ah, I'd almost have to look up that word. Uhm, you know I suppose <u>out of the ordinary, not ordinary</u> but what you would expect to come across, so I do think <u>that on that level</u>, that's a very broad answer to your question which is yes, I do that constantly.</p> <p>Interviewer: What do you mean by 'that level'?</p>	Placed the phenomenon out of the ordinary. If there are things out of the ordinary, perhaps there are "ordinary" ones???...
The experience of phenomena	<p>Respondent: On <u>the level of feeling, on the level of connecting to someone emotionally via the therapeutic relationship and entering someone's unique run of experience that will be an emotional, er, experience of being themselves in the world.</u> So on that level in therapy I enter someone's, I ask, or maybe not actually, to enter, it depends on the client, <u>to enter someone's emotional environment, to understand it, so within that I will inevitably come across phenomena</u> that are around you all the time. Can you see where I'm coming from?</p> <p>Interviewer: So if I understand correctly, it's something when you are trying to be in touch with your client, or trying to be emotionally involved with your client?</p> <p>Respondent: Yes.</p> <p>Interviewer: This is something that is difficult for you to understand, what is going on?</p>	<p>Emotional level of experience of such a phenomenon. The uniqueness of one's experience</p> <p>The connection with the uniqueness. The entrance to someone's emotional environment.</p>
Characteristic phenomena of and significance of them.	Respondent: Well I'm not saying it's necessarily difficult but that's, from the first time I saw your email asking for participants, that sort of popped into my head and I thought, well, <u>is this about the phenomena that arise when I meet a new client</u>	The phenomena arise when CP meets a new client. Has been invited to understand the other's experience.

Role of knowledge in experiencing phenomena	<u>and am asked to enter their emotional role and understand experience, I could use some examples like the experience of <u>being sexually abused</u>, and to, and for someone to relate that to me, and you could argue well that this is nothing new and of course I've come across people who have been sexually abused and who er, in later life have experience of psychological difficulties base on this experience perhaps in childhood. Uhm, <u>so on one level you could say I know about that, that's nothing new, but that would be invalidating the unique experience of that individual.</u> What exactly this has caused, within that person. So I would consider that to be the phenomena that on one level I can say, well that's not new at all, but on another level well it is because I don't know what that person's individual, unique experience of that is, like the other day I had someone who talked <u>about sexual abuse</u>, particularly at a teenage age, uhm, where they, well they were saying, and this is what I needed to get my head around, they were saying, 'oh, I never felt abused, I fancied them,' and I was thinking, well is that perhaps always an element that you can't quite feel your victim's stage within, have you been abused and is that something that person needs to connected to and hasn't connected to, but anyone, I think what we're working on is I'm not quite sure. But this is like an example that <u>I am just trying to get my head around, it's an example of it being very new.</u> I can't just say, well he's been sexually abused therefore they've definitely been the victim of something, do you see what I mean? <u>There's always a unique level.</u></u>	If I know- I ignore the uniqueness of the individual. Knowing limits the possible experience. Awareness of such a thing.
Examples of phenomena (sexual abuse client) - will repeat during next interviews		Example of sexual abuse client.
The role of knowledge in the phenomena		The avoidance of assumptions, which helps to stay open to new unique individual experience.
Characteristic of phenomena		Phenomena arise when a therapist meets a new client (again). The unknown during the initial meeting.
Difficulties in remembering and verbalising.		<i>The difficulties with remembering what were in the mind over the conversation.</i>
	<p>Interviewer: Yeah, so what you mean is that meeting every new client with hes/her particular experience, this is where the phenomena arise all the time?</p> <p>Respondent: <u>Yes!</u> Definitely because otherwise we're just going to well, 'yes the person, they've <u>been sexually abused</u>, they feel depressed and er, experiencing relationship difficulties, and they're all the same'. No they're not! We can think within psychology within sort of categories and certainly psychology likes to do that, likes to think of itself as being incredibly scientific, which I</p>	

Role of knowledge in the phenomena.	don't think it is, I don't think it should be. I think there should be an aspect of psychology, but there is a whole run of unique individual experience which I need to open to, in order really help someone capture their unique experience. I'm aware that I said a couple of minutes ago that there's, there was something else <u>that I was thinking of and now I can't think of what it is</u> , uhm, (pause) oh yes (pause), I was thinking perhaps a sort of more concrete examples of phenomena that I come across that I may have had any experience of, uhm, and <u>now I can't think of them</u> . What are they?! Uhm, like, I was talking to a colleague today about my interest in neuropsychology and coming across someone with early onset dementia. OK, don't have a clue, to be honest. So, I can sit with someone and think 'Oh this person is depressed' and treat them with CBT, not that I would because I'm not a fan of CBT and it doesn't matter, and sort of go for a very psychological, apparently psychological approach to the work, whereas what is early onset dementia, I have no idea, <u>so that's a phenomenon that I may very much misinterpret based on something else that I am thinking of, for me they're suffering from depression</u> . So unless I then think, 'oh right, well maybe they could be suffering from early onset dementia, let me administer whatever test you administer to find out if they do or not suffer from that'. I may go down a route (pause) that's missed out completely with that sort of (pause) be something that...	Previous knowledge replaces the present experience. Strong awareness of such a process gives the opportunity to look at client's experience from an "empty" point of view.
Difficulties with verbalising.		<i>Not clear with answers. Confusion.</i>
Characteristics of the phenomena- the possible interpretation.		
Knowledge replaced the experience.		
	<p>Interviewer: Is, what you just said, this example, is it how you would explain the things you cannot understand?</p> <p>Respondent: I would be sort of, I suppose there's sort of two categories I'm thinking of, there's the category of uhm, <u>really consciously not having a clue of what is in front of me, and I do not claim, as a psychologist, that I have come across every single phenomena</u> that will present itself, like with, certainly with quite, with things like that that I consider to be quite specialist, <u>I may miss them, as opposed to now entering a sort of deeper level of exploration of unconscious phenomena where I may miss things because I may mis-attune to the</u></p>	<p>Two categories of the phenomenon Known unknown.- something that CP consciously cannot understand</p> <p>Unknown unknown –skips them because they might relate to</p>
Awareness- the break point between theory		

and experience.	<p><u>client's experiential world, which then of course, now that I'm talking about it, er, may very much relate to my own.</u></p> <p>Interviewer: The question that occurs here to me is that, how you think of personal feelings, when these kinds of phenomena occur in the therapy process. What is going on with you in this moment?</p> <p>Respondent: Of course I want to give you the textbook answer, that I've got to be reflective and notice immediately, that it's, it really is... It's funny <u>I had a moment in supervision with my long-term supervisor;</u> he used to be my therapist actually. Some people my frown at that, and it's actually absolutely wonderful because I went to see her for years and years in therapy and then she became my supervisor when I need her to be therapist she's still my therapist. And she said something, I can't remember what it was, <u>but I had an immediate reaction (pause) saying to her, 'No that's not it,'</u> in quite an abrupt voice, and before she had to say anything I said, 'Oh god, I'm being defensive, you must be right,' and then just laughed, and and so it was one <u>of those moments that,</u> you know, and then of <u>course I felt I was so brilliant, and that's a bit narcissistic,</u> uhm <u>but it was just one of those interactions where I just knew by my reaction that she was hitting on something that she had picked up on something I was doing with a client, where the client was pushing buttons and I was reacting. I didn't want to be open to that particular realm of experience with the client because it was too similar to my own</u> so I had shifted the focus, or been (pause) intellectually elegant in some other way that was completely missing being therapeutic, so (pause) uhm, <u>of course I would think about it in supervision, but this (pause) becoming defensive, well we become defensive when we feel vulnerable.</u></p> <p>Interviewer: So, what you're saying is that you become vulnerable when you're in these kinds of moments when you don't really know what's going on, or, when it's something...</p>	<p>CP's personal issues, and perhaps because of that CP mis-attunes to the client's experiential world. The influence of what clients bring to the therapist regarding his past/ or unresolved issues. The phenomena arise when CP's issues overlap or reflect the clients' issues</p> <p>The wish to give me theory, but awareness of this allows the participant to keep reflecting.</p> <p>Supervisor- a figure in the interview. Referring to the process between a therapist and supervisor.</p> <p>Realisation of what had happened- the phenomena-provokes laughter. Laughter might be seen as a defence reaction to reduce the anxiety or avoidance of the silence. Moreover it can be the avoidance of negative and uncomfortable feelings.</p> <p>Phenomena appear in the interaction. If they become explicit and experienced by therapist- evoke positive feelings.</p> <p>The role of supervisor. Defence- vulnerability.</p>
Supervision		
The experience of phenomena		
Characteristics of phenomena		
Supervision.		

<p>Difficulties with verbalising. experience or characteristic of phenomena</p>	<p>Respondent: Yes, I suppose (pause) yes, uhm, it's (pause) it's <u>actually really quite difficult to find words, they're absolutely brilliant the questions you're asking because it so needs to be thought about, it's this moment of really not having words, and swimming, I might say, or floating, not in a nice way, floating is too nice (pause) uhm (pause – 3 seconds), I'm feeling it now.</u></p>	<p>Vulnerability <i>Struggle with naming phenomena.</i></p>
	<p>Interviewer: You're feeling it now?</p>	<p>Anomalous phenomenon appears in the interaction between an interviewer and respondent.</p>
	<p>Respondent: Yeah, like, (pause – 5 seconds) yeah I'm getting there.</p>	<p>By asking to talk about the phenomena, the interviewer placed the phenomena in the interview. ????? The interview itself becomes – anomalous phenomena.</p>
	<p>PAUSE</p>	
	<p>Interviewer: Can you maybe try to make sense of what is going on with you right now? If it's here happening, maybe it's something we can explore.</p>	
<p>Experience of phenomena</p>	<p>Respondent: Yeah absolutely, it's brilliant. Uhm, I've now become very (pause) de-skilled, I can't think, I feel things, uhm, I haven't, what am I feeling. I'm not feeling anything particularly distressing, but just (pause) I don't really, I haven't yet found words for what I'm feeling (pause) and then the tendency would be to try and find words rather than to sit with it (pause) and experience something, and somewhere in that is the key to what I'm saying, to have to be able to stay with a feeling of containment, and that feeling definitely has to do with anxiety, with security, (pause) yes (pause – 4 seconds). So there we have it, that's really quite, quite interesting and of course as we're talking about it, it arises. So it's having the confidence (pause) to understand that to be (pause – 3 seconds) a combination of well, er (pause – 3 seconds). Now I could say well it's all the just the client, the client's brought it in, well you know it's, as we're talking I've connected to something which is, just the ultimate state of not knowing, and see now I've become more intellectual about it (<i>laughs</i>), and you know, have come up with all these things like the ability to tolerate anxiety, and deal with how he talks about the importance of being able to tolerate that state of not knowing so we can come out the other</p>	<p>Moment of experience- CP feels de-skilled can't think. No feelings or no words to name the experience.</p>
<p>Awareness of being with the experience, rather than naming it.</p>		<p>The key is not to find the words to express it.. but rather to be with this experience.</p>
<p>Theoretical language-ways of managing the phenomena</p>		<p>Immediately, use of the theoretical word- containment.</p>
<p>Experience of phenomena</p>		<p>Connection with ultimate state of not knowing.</p>
		<p>Ability to tolerate anxiety</p>

Use of metaphors		<p><u>side, and how there is that sort of pregnancy where you hold on to something that isn't yet born and you contain it until you give birth to something, and how that is very natural, for you as a woman and for me as a man I'm struggling with it, not that you wouldn't as a woman, uhm. (Pause), so yes, god now I'm pregnant, it's great isn't it? (Pause). Interesting words.</u></p> <p>Interviewer: Mmm, very. How do you find it, to be pregnant right now?</p> <p>Respondent: (Pause). Somewhat satisfying, actually.</p> <p>Interviewer: So, you want to get rid of this as soon as possible, or you're fine?</p> <p>Respondent: No, I wanted to, a minute ago, now I'm fine, yes I've thought about it and I'm OK with it. This is <u>very much reminiscent of</u>, that's the word, of this experience in, <u>in therapy</u> where something interests and <u>it brings an uncomfortable feeling to me</u>, and <u>I may want to get rid of it</u>, and I hopefully know not to, <u>but to contain it, and through the containment to reach another state in which I can be truly helpful and therapeutic to the person</u>, because otherwise I repeat what they've always had, because I do understand this to be, this experience to be about, I suppose an experience a parent has when the child comes with a feeling, that, that you want to react rather than contain it, and to, I read this the other day, it's just brilliantly exploring object relations theory and saying that the mother's role is to contain the toxic state of the child for long enough to give the child their frightened personality back in a more manageable way.</p> <p>Interviewer: How do you think you do this in your therapy?</p> <p>Respondent: <u>I think exactly, I try to use that all the time, in understanding that that's my role because otherwise I react</u>, I can react and I suppose if we react in a kind of smothering way, which, if you knew my mother you'd understand, because that's very much the model I've</p>	<p>Metaphor- pregnancy- to hold to something that isn't yet born and contain it.</p> <p>Man and women- equal regarding these phenomena.</p> <p>The experience of pregnancy- satisfying for the participant.</p> <p>Reminiscent- the right word to describe it in the therapy – as a process of wish to get rid of uncomfortable feelings.</p> <p>Through the containment of such feelings- reach another state in which participant experiences him to be really therapeutic.</p>
Characteristics of phenomena			
Experience of phenomena			
Experience of phenomena and characteristics of the phenomena (parallel with personal experience)			<p>Parallel with personal experience (mother-child relationship) and the therapeutic process- the containment of the client is the phenomenon</p>

<p>Characteristics of phenomena</p> <p>Theoretical explanation of experience, personal experience of the phenomena</p>	<p>internalised (<i>laughs</i>) the sort of, and at times I do feel that tendency arising in me, it would've been great of my mother, to not do that, which I suppose is much closer to me experientially than becoming the rejecting, attacking mother (pause).</p> <p>Interviewer: So you prefer to contain?</p> <p>Respondent: <u>Now I prefer to contain</u>, historically I would have smothered, which is what she does. And I can hear this when I have telephone conversations with her, it's absolutely brilliant, and I'll bring something that's quite difficult, recently it was a job and I was offered a brilliant job as a senior lecturer for a university and I was so proud and, hold on, she was too quick to say 'It'll be fine', like, 'It's not fine, I haven't finished telling you'. So that historically would have been in me and I don't think I do that with clients, what I'm saying is that I attend much more to that as a rejecting reaction of their emotional state, rather than (pause) they, you know, 'A terrible person would tell me this,' and, 'Why are you telling me this?' you know, to become attacking in a more obvious, aggressive way. Although that's not attacking psychoanalytically I understand them both to be attacking (<i>coughs</i>). <u>So it's doing either and it's to contain.</u></p> <p>Interviewer: When do you think it happens in the therapeutic process, with you?</p> <p>Respondent: <u>All the time</u> (pause).</p> <p>Interviewer: All the time? Constantly? (Pause). So there's nothing that makes sense to you in the therapeutic process?</p> <p>Respondent: No (pause – 3 seconds). <u>Well I suppose, let's rephrase that. I suppose it's the therapeutic process (pause) to come in an emotionally uncontained state and to want to be emotionally more contained, and you are emotionally contained and it's been in our therapy so you feel emotionally contained, then that's, then the therapy has worked.</u></p> <p>Interviewer: Can you say a little bit more about</p>	<p>Persistence of the phenomenon's presence in therapeutic process</p> <p>The significance of such phenomenon- containment-affects the outcomes of therapy.</p>
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<p>In depth exploration of theory through personal experience= how both of them relate.</p> <p>Experience of phenomena</p> <p>Knowing from experience</p> <p>Difficulties with verbalising.</p> <p>Body – embodiment- the way of experiencing phenomena.</p>	<p>this please? Why has therapy worked?</p> <p>Respondent: Because you have responded to the person's request for containment, which is always, which is always there, I think this underlies, I think we can be so elaborate about different psychological difficulties but I do on some level believe that it is <u>the lack of containment</u>, to me it always comes down to lack of containment or <u>lack of secure attachment</u>, that people do not feel able to meet the challenges they face in life, so then they look for, they're maybe looking for answers and they come to therapy for that, they may come in a crisis but they are looking essentially for containment. So at that level, for me, whilst it may not be going on all the time, it is most certainly an element in the therapeutic relationship that I would want to think about. That's not to say that I wouldn't see the client who at some stage would come to me not asking for containment, but they sort of, tell me something about it.</p> <p>Interviewer: So, if I understand correctly, what you're saying is that this process of containment, this is actually this phenomenon sometimes, as I understand, it's actually at a different level...</p> <p>Respondent: (<i>Interrupts</i>) That's right because <u>it's on an unconscious level that certainly</u>, and it's, it was brilliant earlier because <u>I felt it because I had no words, I just had a feeling, it was bordering on anxiety, it was, it was very manageable because I know it well enough not to drop into any major anxious state.</u></p> <p>Interviewer: Mmm hmm. What you think about, it was manageable? Can you tell me what you mean by this? How did you understand that this actually was manageable? How did you experience this?</p> <p>Respondent: I felt it, I (pause – 4 seconds), I uhm, (pause) there are of course words that I need to find for the interview and I need to come back and show you, if I could, and that's very much what I like at some level. I'm trying to <u>find words for the physical experience of containing that emotion</u></p>	<p>Lack of containment, lack of attachment prevents the success of therapy- theoretical explanation with personal experience of it.</p> <p>Existence of containment-unconscious process. Had feelings- had no words. An experience of something that is beyond the linguistic system. Anxiety appears, but was manageable due to previous experience and knowing.</p>
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<p>Personal experience (non-therapeutic) affects the experience of phenomena</p> <p>Theoretical language replaced the experience.</p> <p>Awareness of the process.</p>	<p><u>that is within my body, uhm, and it is a sense of having, uhm, a container, literally a shell is that right, uhm, a membrane almost that's flexible around uhm, a feeling. So that (pause) it's held. It's very interesting when as we're talking I'm just becoming aware of how of course this isn't in any way unique to therapy and unique to being a therapist and all the other paths in life, when I would do that and would be very highly aware, physically of what I'm doing, without ever finding words.</u></p> <p>Interviewer: So it's something that you actually face quite a lot?</p> <p>Respondent: <u>Absolutely.</u> I haven't told you the other bit that I do in my week is that I'm a performer and I'm a competitive dancer, so the...</p> <p>Interviewer: So, how does this affect...?</p> <p>Respondent: How does this affect?</p> <p>Interviewer: Yeah. If, I mean if you brought it right now maybe it plays some role for you as a therapist.</p> <p>Respondent: Well it's very, it's very related to what <u>I'm talking about, it's er, containing a feeling that arises because of a situation that I'm in, whether the feeling is brought in by a client, or projected into me, or brought into the room, and I face it, or whether it's a feeling I face because I'm in an environment when I have a thousand people in the audience and I'm backstage, and I have a feeling that it's, could be countertransferential.</u></p> <p>Interviewer: What do you mean?</p> <p>Respondent: I mean that, (pause) we are, what I'm talking about <u>is an unconscious uhm, now I'm making it conscious in this conversation, it's a feeling, it's uhm (pause) that arises because of the environment, whether it's the client that's come into my environment, their internal world that fills the environment around me and I feel what they feel, yet I, it is my role to contain what they feel, er, to the point where we find the right words for</u></p>	<p>Knowing from emotional experience.</p> <p>The attempt to find the words for the interview. Body involved.</p> <p>Comparison with stage performance, as something familiar to the participant. (AP might exist outside the therapeutic process)</p> <p>Use of theoretical language to explain the feeling.</p> <p>Using the theoretical language. Reflection of what is going on right now in the interview.</p> <p>Containment exists before the right words are found.</p>
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Embodiment	<p>it, or it is, the environment around, not with a client but with an audience or in a situation where feeling arises within me, that I suppose isn't, it's not the same, of course it's not the same, but it's...</p> <p>Interviewer: Maybe it's part of this?</p> <p>Respondent: But it's part, it's a very similar feeling, and so when you ask me about it I have a very uhm, I have a very physical response, you know, I feel what I do as a performer, as a ballroom dancer, <u>to feel inside my body, to feel the boundaries of my body, to feel comfortable within myself, to get comfortable again within myself.</u> It's very body based, that's why I'm sort of babbling, you know I use my hands and...</p> <p>Interviewer: I'm just thinking that maybe it relates to what you before called, 'I knew how to manage it'?</p> <p>Respondent: Yes (pause), yes absolutely. And it's really interesting to think about that in terms of what I do in the therapy room, what I do on stage or on the floor or the different situations and how that may vary slightly but it comes back to (pause) the same thing) perhaps.</p> <p>Interviewer: Mmm, uhm...</p> <p>Respondent: Like I wouldn't in this room, change my shoes, which I've noticed is really interesting, the shoes are absolutely everything. They need to be exactly that make, and you know, it's like a musician with their instrument, it's sort of borders on being obsessive about exactly what it is to be like, so (pause) you know, at times, I've noticed this at times, it's quite brilliant really, <u>when I do get nervous I start, you know opening my shoelaces and closing the shoes again or changing my shoes and you know, just to make, 'OK now I feel comfortable' and it's nothing to do with shoes, you know, it's an internal feeling it's an anxiety that's come up...</u></p> <p>Interviewer: So this is how you manage this?</p>	<p>Importance of body feelings. Body based...</p>
Experience phenomena- the way of coping with it.		<p>To manage the anxiety- repetitive action. Developed and familiar. Used as a coping strategy.</p>

<p>Link between phenomena in therapy and personal understanding of therapist inner environment.</p>	<p>Respondent: Yeah, you know like, I'm sure there's <u>an equivalent in therapy that you use which is uhm, more, knowledge-based I suppose, going into a state of, a self-reflective state. That's my equivalent I suppose.</u></p> <p>Interviewer: When a client comes in and s/he brings his/her internal world, his environment and you are here with your environment (pause), something happened there. Can you tell me a little bit more about this?</p>	<p>To be able to meet the client's inner environment- the need to clearly understand the internal environment of therapist.</p>
<p>Supervision</p> <p>Link between inner experience of CP and supervision.</p>	<p>Respondent: Oh absolutely, uhm, well, <u>if I do not sufficiently understand my internal environment, I can't be able to theirs.</u></p> <p>Interviewer: What do you mean by this? What it is being open to your internal environment, what it is?</p>	<p>Changed the topic- question of knowing the internal environment- leads to different topic, where again the supervisor is present</p>
<p>Experience of the phenomena</p>	<p>Respondent: Uhm (pause – 4 seconds) (<i>laughs</i>), no I just laugh at the story I will tell you which highlighted something, uhm, very interesting. What I mean by that is (pause) <u>I suppose well my feelings more specifically my anxiety,</u> uhm (pause), yeah I'm thinking, I thought, I will tell you about what I thought about. I thought of three years ago, I was working from home, uhm, and I loved working from home it worked brilliant in private practice, uhm, and then we decided to move and we found a wonderful new place to move into and I decided well, I would like to, I would like to now separate it and would like to get an office, and would not have to work from home anymore because my partner wouldn't be comfortable being there and it had many advantages but some things didn't quite work. So then I thought I had a situation where at the same time, we were dancing some major competitions and shows, we were moving and the builders of the place we were moving into were doing everything wrong, er, I was moving a considerable number of client from my private practice into this office from one week to the next, and quite frankly I was on the edge of not being able to contain them, which I understood certainly in the transition, that I would need to be even more of the stability (pause) you know, whereas I was</p>	<p>The supervisor appears in the conversation, when the questions relates to inner experience and exploration. (safe perhaps security need to protect himself)</p>

<p>The conversation about anomalous phenomena brings the anomalous phenomena to the room.</p> <p>Experience of the phenomena</p>	<p>struggling. I was really struggling, all these things that were going around I was on the edge of considering not to work for a couple of weeks. So it was, which doesn't often happen, so it was where I thought, 'Mmm, OK, you know, is it a good idea for you to work or to take a couple of weeks off'. I probably took some time off. So I remember a colleague of my supervisor, because I was obviously in quite a distressed state, uhm, and I remember her saying only one thing, she said, <u>'Remember it's all about containment,' (pause), and I said, 'Oh yes, thank you,' (laughs). This is the only thing she says, so I had forgotten in this state of heightened anxiety</u> because the builders had screwed up the beautiful new Italian kitchen and it was just absolutely terrible. There were people calling, there was my partner going, 'Well what about the cost and the performance'. And it was so messy (pause) that I was so full up with different emotions and feelings of anxiety that were very, that I unusually lost the ability to have an overview of what they were, sufficiently in order to contain my clients. Now, at the moment that I caught my supervisor that was greatly approved by her simple comment, merits all. Which of course contains me, I do understand that, uhm, because she was able to do that. So there was a chain reaction then, so there was containment for me, <u>and it's interesting I've mentioned her three times in this process which is clearly about my need for containment and that really important relationship I have with her (pause).</u></p> <p>Interviewer: I am wondering, bringing this "containment feelings" to the therapeutic process as a therapist, not as a supervisee, how would you interpret this or make sense of this phenomenon for you, if not containment?</p> <p>Respondent: I don't understand.</p> <p>Interviewer: Uhm, (pause), what I'm trying to ask is, you mentioned that for you these phenomena are all about containment --- if it's not containment, if it's something else, (pause)....</p>	<p>Realisation of the present moment- what is happening in the room. (need for containment, unsecure, unsafe, anxious state.)</p>
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<p>The deeper exploration of theoretical notions evokes reflection on the experience.</p>	<p>Respondent: That's an interesting question. Er, (pause – 3 seconds) so you are asking, in the experience of being with the client in the room what if my feeling of their need for containment that arises is something else, that there's some other unexplained phenomena, that could be about me. So are you asking, <u>as therapists, er, we run the danger of reflecting our own need for containment into the client's need for containment, even if the client doesn't need to be contained, this is a fascinating question. Because then we could be very philosophical and say that the only reason that we do this job is because we need containment as therapists,</u> and no one else does, which would be a bit ludicrous given, it's an interesting argument, given the fact that we all need containment but it's certainly interesting that you find that, of course people who are therapists, and it makes a lot of sense that you're asking what experience therapists, because like who would admit this to you, that I was uhm, interviewed by Libby Purvis on Radio 4 a couple, a couple of months ago as, more as the performer personality type, I don't (<i>laughs</i>) from that angle, of course but obviously they're always interested, 'Oh you're a psychologist, tell us about that,' uhm, and I think she asked me, you know, 'Of course I got into this job because I had to contain my mother, you know, of course I'm someone,' and I think this is true for a lot of therapists, that we are attracted to it because it is actually us who are needing containment, rather than if we were not like that we'd be silly bankers making millions of pounds, we don't care about containment, or at least we'd pretend not to. So you know, that is very interesting, it is certainly true for me that I was fascinated by psychology because quite frankly I probably needed help. I needed containment (pause) and it was easier to say, 'Oh that's really interesting and psychology really interests me and, and the science fascinates me,' than to say, 'I need therapy'. Now of course it was through the process of studying that I realised gosh, I really do need therapy and I think since then I've had more than ten years of therapy. Uhm, so, (pause) it's a fascinating question (pause). Do I then, I guess the question is then, at times, so my example earlier, is it that, at those</p>	<p>The imposition of therapist's needs on the client.</p> <p>Again changing subject- ????</p> <p>Come back to the idea of therapist's need for containment-may play more important role than we think it does. Sometimes the therapist's need for containment is expressed through the belief that actually clients are those who need it.</p>
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<p>Intellectual and emotional understanding of phenomena</p> <p>Knowledge and experience.</p> <p>The characteristics of phenomena a client brings.</p> <p>Experience of the phenomena</p>	<p>times when, at that particular time when I was really in need of containment I imagined my clients to need containment when they did need, when they would've been absolutely fine and did I go into thinking, well you need to see them every week, when actually what I should've done was to say, 'Look I should take a month off, August or whatever', whilst uhm, was I projecting my own need for containment into them and thinking they needed me so much, so then I would be in the same sort, yes it's fascinating.</p> <p>Interviewer: Uhm, I'm thinking a little bit now, that we've shifted to talking about containment a lot, which is completely fine, and then thinking, uhm, (pause), you've said before that actually containment for you, some level of containment, it's something that you don't really understand sometimes. But on the other hand you use the word containment all the time, to make sense of this .So my question is where this level that you don't really understand about containment is? Because what you're saying and how you're saying it very clear what containment is.</p> <p>Respondent: Yeah, I think what's...I think you're touching on what I understand to be <u>the difference between intellectual understanding and emotional understanding. I think I have a very clear intellectual understanding of this in terms of emotional understanding it's quite a different thing, I don't have the words, and I think that explains it really is a different level of getting something emotionally, so on that level I'm not at all as clear...</u></p> <p>Interviewer: Mmm, and when this level happens for you?</p> <p>Respondent: (Pause – 4 seconds). I'm not sure, it depends on the job, it depends on the, no, it doesn't just... OK so I want to say, see I wanted make it all about the clients but <u>it depends on what the client's bringing. It also depends on my ability to feel it, my ability to be present and open to it enough to feel it.</u></p>	<p>Two levels of containment- one – can be verbalised and named. Other- cannot, emotionally experienced.</p> <p>The second level depends on what clients bring. And the ability of a therapist to fit in, to be open enough to feel it.</p>
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<p>The link between theoretical knowledge and ability to experience phenomena.</p> <p>How phenomena are experienced</p>	<p>Interviewer: What you're saying is when you're open enough to take it in, let's say...</p> <p>Respondent: Yes so when <u>I become vulnerable and...</u></p> <p>Interviewer: So this is the level you are talking about?</p> <p>Respondent: Yes. And I've suddenly thought of uhm, of course I always use dancing metaphors but they work for me, you know, I can tell you exactly the steps of the waltz and I can write them down and <u>I can be so clear intellectually about the steps.</u></p> <p>Interviewer: What do you mean, I'm sorry?</p> <p>Respondent: The actual steps, you put your feet, one-two-three-two-two-three, and you can see, the right-left-right, you know. I can be incredibly clear about...</p> <p>Interviewer: Because it's something that you know very good, theoretically, let's say.</p> <p>Respondent: <u>Theoretically</u>, then <u>can I be really open to the process of experiencing</u> (moving to those steps and swinging from one leg to the other and, I can only do that when I have a softness in my approach to it. So I know on another level as a dancer (pause) that I can be incredibly technically correct about something and miss another level that I can only have when I become soft (pause) and vulnerable and let go and experience the flow of the movement.</p> <p>Interviewer: So, what you're saying is, the ability to experience this phenomenon is coming just when you are vulnerable, when you are open and when you're soft?</p> <p>Respondent: Yes but I cannot have that softness without a connection to my core and without my weight on the floor, so...</p> <p>Interviewer: What is this, connection to my core?</p>	<p>Ability to be vulnerable- gives the opportunity to be open and attuned enough to clients.</p> <p>The ability to be open (to experience things) exists just when you know the theory.</p> <p>But for "to be" the theory is not enough, the ability to "let go" and "be soft and open"...</p> <p>Theory gives the basis for allowing the therapist to experience.. to feel. to be... Just by knowing theory,,, the therapist is able to let go of the theory and to be...</p> <p>Softness- from the core.</p>
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<p>Connection with CORE self.</p>	<p>Respondent: My core, it's here.(Gesture-stomach)</p> <p>Interviewer: Where?</p>	
<p>Body/ physical sensations/ knowledge of existence- the basis to experience the phenomena.</p>	<p>Respondent: In my abdominal area, in my muscle if you like, so it's...</p> <p>Interviewer: What is there?</p> <p>Respondent: <u>There's a strength, there's a core of strength that holds my body together, that er, that I can rely on, that I can make sure that I can be upright and can have my weight on the floor and I cannot have softness without strength from underneath.</u></p> <p>Interviewer: So, how do you experience this core, how do you know it's there? Can you tell me more about this? What it is for you, how do you know it's there?</p> <p>Respondent:<u>I feel it, I feel it, I have a physical sensation of being connected to it, I have I suppose an experience of being able to access via the mind, a level of body that I know I can trust (pause). And now I'm lost for words again because it's, it's a physical process.</u></p> <p>Interviewer: So are you experiencing it again, because there were no words again?</p>	<p>Core of strength that holds my body. Something to rely on.</p> <p>Knowledge of existence of Core-feelings. Physical sensations. Some level of body that the participant can trust to. And again- no words- physical process.</p>
<p>Characteristics of phenomena</p> <p>Experience of the phenomena</p>	<p>Respondent:<u>I feel it, I feel it, I have a physical sensation of being connected to it, I have I suppose an experience of being able to access via the mind, a level of body that I know I can trust (pause). And now I'm lost for words again because it's, it's a physical process.</u></p> <p>Interviewer: So are you experiencing it again, because there were no words again?</p> <p>Respondent: Yeah, (pause) in a way. No it's really interesting and the ballroom metaphor works for me, I don't know how, yeah, how other people relate to it or how you relate to it but it's uhm, it's interesting to come to the point of exploring <u>the ability to be soft and receptive, uhm, to me it's still dependent on (pause) knowing that I'm safe on some level, and connected to some level of inner strength that allows me to be soft.</u></p> <p>Interviewer: I'm really interested in this connection to my strength, (pause), I know we cannot talk about this but I still feel there's something there that might be explored more.</p>	<p>No words- become a characteristic of phenomena.</p> <p>Not knowing how to relate to it- seems like the ability to explore connects to feelings of safety, inner strength, that allows being soft.</p>

<p>Experience and knowing.</p> <p>Characteristics of phenomena</p> <p>The way it might be experienced</p> <p>Theoretical language has disappeared</p>	<p>Respondent: OK (pause). Right (pause – 4 seconds).</p> <p>Interviewer: Let's try, let's try to look at this, what is so tough right now for you to explain, it feels like you do find this difficult right now, and...</p> <p>Respondent: I'm not sure if it's difficult I'm just sort of, uhm, I'm actually, to be honest I'm partly aware of time I have, I'm seeing somebody else after this so that's partly where my mind has gone I think, that we need to finish in a couple of minutes. Uhm, <u>I think (pause) maybe to round it up, what I feel to be true, whether it's therapy, whether it's life, whether it's relationships, whether it's dancing, whatever I do, I uhm, that I come back to a feeling of centeredness that allows me to go back out, if you want into the world, into the therapy room or onto the stage or onto the ballroom, that I come back to, almost a spiritual dimension, in that, in terms of a re-connecting, but I don't go to church to do that, once a week. But you think of it as sort of re-connecting to sort of base you know, plugging into a core strength that I suppose some people would call God. It's in me.</u></p> <p>Interviewer: Mmm, I have just one last question which will take a couple of minutes more. It's a little bit shifted actually from what we have discussed before, thank you very much for such a deep, deep exploration.</p> <p>Respondent: No, don't, it's fascinating.</p> <p>Interviewer: The last question sounds like being in the field of counselling psychology, and you are a professional there, how do you think this phenomenon that we're trying to explore today, er, presents there. How might you relate them there, and how is this significant or insignificant for the therapeutic process?</p> <p>Respondent: Well I think it's all, it's all <u>deeply significant</u>, I think it's very <u>difficult to talk about</u> it in an age that is absolutely obsessed with targets in a world that doesn't really understand what</p>	<p>The phenomena exist in different contexts.</p> <p>Come back to feelings of centredness.</p> <p>Spiritual dimension/ re-connection</p> <p>Plugging into a core strength/ God.</p> <p>NO THEORETICAL LANGUAGE.</p> <p>Acknowledgment of significance of such phenomenon in the CP field.</p> <p>Awareness of the difficulty of verbalising it. Especially, does not</p>
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<p>Significance of AP</p> <p>Critique of psychological field.</p>	<p>we're talking about. I mean, if now you invited a group of random strangers from the street into this room and they overheard our conversation they'd think <u>we were absolutely mad, probably, so its (laughs), this, whereas therapist would understand what we're talking about, we don't live in a world where what we've talked about it readily understood, meaning that uhm, what we are talking about it so difficult to find, difficult to understand, is in fact under attack.</u> So it's a little bit like trying to hear a tiny voice while someone is using one of those juice blenders, you know? <i>(Makes noise)</i>. And that's sometimes what it feels like to be in psychology, to go into some of the training programmes that I go into, huge amounts of anxiety flying around with people throwing diagnoses around, I'm thinking, well, what are we missing here? <u>We're talking about what we need to talk about, and equally in the NHS with all its targets and obsessions with results and CBT and uh, psychiatry and medicine and uhm, so, it's (pause), it's certainly, there is more space, there is more protected space needed for conversations like this to be placed.</u> Does that answer your question?</p> <p>Interviewer: Yes it has, it has. Thank you very much. Thanks, thanks a lot.</p>	<p>fit what is not prioritised in the field (targets)</p> <p>World we live in is not able to hear the conversations like this – this is what being a psychologist means. Making noise when somebody is using noise.</p>
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